Peer Review
in Social Protection
and Social Inclusion

# Health System Performance Assessment

SHORT REPORT

Belgium, 19-20 May 2014

*Social Europe*

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Brussels (Belgium) was the venue for this Peer Review, which was hosted on 19-20 May 2014 by the Belgian Federal Public Service for Social Security. In addition to the host country, nine peer countries were represented: Austria, Estonia, Germany, Luxembourg, Malta, the Netherlands, Portugal, Sweden and the United Kingdom. Taking part for the European Commission were representatives of its Directorates-General for Employment, Social Affairs and Inclusion (DG EMPL), Health and Consumers (DG SANCO) and Economic and Financial Affairs (DG ECFIN).

# 1. The policy under review

**Health system performance assessment (HSPA)** is becoming a central instrument in the governance of modern health systems. Its **main aims** are to:

- Set the **goals and priorities** for a health system.
- Act as a **focus for policy-making and coordinating actions** within the health system.
- Measure **progress** towards achievement of goals.
- Promote **efficient use of funds.**
- Check the **sustainability** of the system – will it be possible to maintain the same level of services and benefits in future?
- Promote **transparency and accountability** to citizens and other legitimate stakeholders.
- Enable **comparison with other health systems,** using either quantitative indicators or more qualitative descriptions.

Just as health systems vary widely across Europe, so do approaches to HSPA. Some countries are just beginning to take up the concept. Others have already developed sophisticated HSPA techniques.

One of the most advanced countries in this field is **Belgium.** Drawing on Dutch and international experience, Belgium became interested in HSPA because it wanted to know more about the quality of its healthcare, but also about inequalities and any unmet needs. Agreement with the various stakeholders was reached to begin work on Belgian HSPA in 2008.

Building on a first report in 2010, the 2012 Belgian analysis was commissioned from an external team of independent experts. It covers five main dimensions of performance: quality, accessibility, efficiency, sustainability, and equity. 74 indicators were chosen to assess levels of performance at the national level. Considerable attention was paid to accessible presentation of the results. Belgian attainment was assessed in relation to the other EU-15 countries. Many of the indicators are broken down to reflect factors such as gender, region and socio-economic status. Where they exist, data gaps and weaknesses are acknowledged. An overall assessment of the strengths and weaknesses of the Belgian health system is given, based on the reported indicators.

The 2012 Belgian report is designed to:

- Review the core set of 55 indicators used in the 2010 report, with a special focus on the 11 indicators for which there were no data in 2010.
- Enrich the core set with indicators on health promotion, general medicine, mental health, long-term care and end-of-life care. It also adds indicators on patient-centredness and continuity of care, and it proposes indicators on equity in the health system.
- Measure the selected indicators, when possible, or identify gaps in the availability of data.

- Interpret the results in order to provide a global evaluation of the performance of the Belgian health system by means of several criteria, including international benchmarking when appropriate.
- The report could also be seen as a first step towards Belgium's responsibility to ensure safe, high quality, accessible and efficient care to patients, in accordance to the Directive on the application of patient's rights in cross-border care.

# 2. Key learning elements emerging from the discussions

- **HSPA can help to frame our thinking about health systems**, which are highly complex structures.
- The **demand for HSPA** comes from a variety of sources. Government may be the main driver, but stakeholders with a range of different interests may also be involved. Consensus on the aims of HSPA is easier to achieve in some countries than in others.
- The **funding of HSPA** can raise issues concerning its **independence.**
- **HSPA should be descriptive rather than prescriptive,** although its findings may indeed lead to recommendations for improving a health system.
- The **selection of indicators** used in HSPA will affect its outcome. While some selection is inevitable, concerns were expressed about approaches that strongly compress the number of indicators. Some peer reviewers noted that efficiency indicators are particularly lacking.
- Various **comparisons** can be made during HSPA exercises. They may look at international or regional differences. Such comparisons can pinpoint problems and inefficiencies within national or local healthcare provision. Comparison of trends over time can help to identify the impacts of reforms. "Patient vignettes" (describing how an otherwise identical case is treated in different systems) are another possible means of comparison.
- Some constraints on access to **data** exist. Real or perceived threats to privacy have become a major issue in some countries, and health data are particularly sensitive in this regard. Various anonymisation techniques may help to overcome resistance to data collection for legitimate research purposes. There may also be gaps in the data, and they may not always be fully comparable. However, HSPA exercises are in themselves a means of improving the quality and scope of data. In a number of countries, HSPA has stimulated new data collection efforts. In particular, use of international datasets may draw attention to gaps in national data.
- A number of **technical challenges** remain. The concept of **equity** in health provision is difficult to capture in metrics. **Access to care** is an important concern here, notably the breadth and depth of coverage of health insurance systems (i.e. how many people are covered and what are they entitled to) and whether or not co-payments are required from patients. The measurement of **efficiency** also raises some questions. Should inefficiencies be treated simply as money badly spent, or should an effort be made to measure outputs and link them to the resources that were utilised to achieve them? Nor is it always easy to determine whether **health outcomes,** such as life expectancy, are attributable to the health system or to other causes. However, some progress is being made on this, through the development of concepts such as "avoidable mortality" and "avoidable [hospital] admissions". **Patient-reported outcome measures** (PROMs) can assist the reporting of outcomes other than mortality. The generic **EQ-5D** outcome measure, developed with EU funding, could be used to check if people with chronic

long-term conditions, such as diabetes, enjoy a different quality of life in different countries.

- **Accountability** is key to the success of HSPA. But of whom to whom? And how? Is it the accountability of governments to parliaments? Or of governments to citizens? Or of healthcare providers to patients? This needs further consideration, as it will determine the nature and content of HSPA.
- Are **targets** and **rankings** legitimate aims of HSPA? They are likely to draw more attention, but will this be productive attention? It was agreed that any cross-border **benchmarking** should maintain maximum flexibility.
- **Dissemination** of HSPA findings is important, and research may be needed to identify the best methods. Full HSPA reports are unlikely to appeal to a non-specialist readership. Peer reviewers noted the Belgian practice of publishing a summary report for a wider public. They particularly praised Belgium's use of tables with "smileys" to present the results in an easily understandable way.
- Some **criteria for assessing HSPA:**
  - Does it have clear objectives that guide those charged with undertaking the analysis and organising dissemination?
  - Is there a clear process for commissioning the HSPA, with guidance on who is accountable for each stage of preparation?
  - Is there a clear conceptual framework for the HSPA?
  - Does it focus on the health system as a whole, including health promotion and public health as well as healthcare services?
  - Are indicators expressed in terms of outcomes (such as improved health and reduced exposure to financial risk) rather than processes (such as workforce size or numbers of treatments)?
  - Is progress quantified using reliable metrics and associated analytic techniques? Are the chosen international benchmarks appropriate?
  - Is the HSPA adequately disseminated and promoted?
  - Is it a regular, sustainable process, with suitable arrangements for reviewing and updating?
  - Is HSPA fully embedded within health policy-making?
- **European and international action** to promote HSPA is desirable. However, some MS voiced the opinion that creating European HSPA would be challenging because health systems are a national competence and are structured differently in each country and thus could be difficult to compare. So the focus of HSPA in each Member State will not necessarily be the same, although there may be scope at some stage in the future for developing a more standardised format. Bilateral and multilateral cooperation between countries can also provide important HSPA resources.
- The EU is already providing **forums for sharing experience on HSPA,** and a number of European and international indicator, data and methodology sources are available or in preparation. These are outlined below.

# 3. HSPA indicators, data and methodologies: European and international sources

- The European Commission has assembled 88 **European Core Health Indicators** (ECHI), and data are readily available and reasonably comparable for more than 50 of these. The indicators are grouped into five broad areas: demographic and socio-economic factors, health status, determinants of health, health services, and

health promotion. The **Heidi datatool** is the Commission's online tool for exploring the European Core Health Indicators.

- The SPC and its Indicators Subgroup have explored the feasibility of adapting the quantitative **Joint Assessment Framework** (JAF) methodology, which is part of the Europe 2020 governance structure, to the area of health systems. This approach is being tested during 2014 and will be reviewed in autumn 2014 by the SPC.
- To develop a methodology for assessing health systems' efficiency, the Commission will be undertaking a joint project with the OECD.
- An EU-commissioned report due in December 2014 will examine **what part of health outcomes is attributable to healthcare** and what part is governed by other factors (DG SANCO).
- A working group composed by 12 Member States and the Commission, and led by Sweden, has been working since February 2012 on the development of common methodologies and sharing of best practices on HSPA. This work is planned to be follow up by a Commission expert group on HSPA, to be co-chaired by Sweden and the Commission.
- The Directive on the application of patients' rights in cross-border care requires Member States to share information and cooperate on quality and safety of care.
- Work on **health system performance comparison** is being conducted by the European Observatory on Health Systems and Policies. This has already led to a **book** on the structuring of comparisons and benchmarking, as well as a **special issue of the journal *Health Policy.*** A series of methodological studies is planned. The first two will be on efficiency and on population health.
- The observatory's **Health Systems in Transition** (HiT) reviews are a series of reports providing a detailed description of each country's health system and of reform and policy initiatives in progress or under development. The series covers the countries of the World Health Organisation's European Region as well as some additional OECD countries. The reports are regularly updated.
- The observatory's **Health Systems and Policy Monitor** provides a detailed description of health systems, based on reporting by a network of national institutes. It includes a feature that enables comparison of different countries' systems by automatically extracting and collating the content from the published HiT for the selected countries and topic. Eventually, the aim is that it will cover all of the EU-28 countries.
- The OECD is collecting and seeking to standardize **data on waiting times for elective surgery.** The OECD's biannual **Health at a Glance** report provides the latest comparable data on different aspects of the performance of health systems in OECD countries. The biannual edition of **Health at a Glance Europe, a joint publication with the European Commission,** provides a comparison of EU health systems, which is mainly based on the European Core Health Indicators. The OECD also publishes a series of **Health Care Quality Reviews** on different countries. It is interested in working with further countries on these.
- Furthermore, the OECD makes available a long-established set of basic data on health system characteristics, including mortality, expenditure and health service activity indicators. It has more recently initiated the collection of certain health care quality indicators.
- The EU is encouraging all Member States to report health expenditure through the **system of health accounts** (SHA), in order to improve the data and make them comparable. A number of countries are now using the SHA and in the future the

data collection will become mandatory for all the Member States. The Commission also monitors the **financial sustainability** of healthcare expenditure items.

# 4. Other relevant policy developments at the EU-level

- A **joint review of health-related, country-specific recommendations** was carried out in 2014 by the EU Social Protection Committee (SPC) and the Working Party on Public Health at Senior Level (WPPHSL).
- A **public consultation on the EU's 2020 strategy** is underway and will remain open until end of October. This is an opportunity to provide reflections on the role of health systems in that strategy.