EUROPEAN COMMISSION
HEALTH & CONSUMERS DIRECTORATE-GENERAL

Health systems and products
Healthcare systems

EXPERT GROUP ON HEALTH SYSTEMS PERFORMANCE ASSESSMENT

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CHAIR: SWEDEN AND THE EUROPEAN COMMISSION

VENUE: MINISTRY OF HEALTH AND SOCIAL AFFAIRS
FREDSGATAN 8, STOCKHOLM

MINUTES

Participants: Belgium, Bulgaria, Denmark, Germany, Czech Republic, Estonia, Cyprus, Italy, Croatia, France, Latvia, Greece, Lithuania, Luxemburg, Hungary, Netherlands, Austria, Poland, Portugal, Sweden, Finland, Slovakia, Slovenia, OECD, European Observatory on Health Systems and Policies, European Commission, WHO Regional Office for Europe

1. INTRODUCTORY REMARKS FROM STATE SECRETARY, MS AGNETA KARLSSON

After an introduction by the Chair, State Secretary Ms. Agneta Karlsson shared some introductory experiences on the different issues faced by Sweden in relation to health care and HSPA. The following were some of the main points mentioned:

- There was an introduction to the challenges faced by Sweden concerning rising cost in relation to healthcare and elderly care.
- The need of combined strategies, what are we actually performing in the system. Furthermore, to what extent do the policies and aims leads to equity, patient centeredness and efficiency.
- Example from Stockholm showed that more nurses and more expenditure were associated with less care which started a discussion on what is actually performed in the health system.
- Transparently reported data, benchmarking, decision making management, accountability, performance based management have been key in order to improve the health system.
- Strategies to evaluate through established registries.
- Measuring performance and how one links it to policy to improve the health system.
- Sweden has a decentralised health care system, a challenge at national level; where the ministry is responsible for legislation supervision, evaluation and follow-up financing.
- Different political majorities on local level: Sweden has a new social democratic and green government and no majority in government which gives a unique governance structure.
- Initiatives include the following: equality, focus on quality, health care workforce and the reduction of inequity.

- Furthermore, Sweden is working with a range of issues which includes inter alia: how to reduce cancer, eHealth, IT questions and the further improvement of knowledge within the health workforce.

1.1. Discussion

The following were some of the main points discussed:

- The governance of the health system in relation to the debate of nationalising the health system as well as cooperation on co-morbidity and elderly care.
- How to benchmark and the dissemination of benchmarks to the regional level.
- The notion of "transparency" in relation to Swedish health system and how that has developed over the years.

2. PRESENTATION OF THE SWEDISH EXPERIENCE:- "HOW IT ALL STARTED IN SWEDEN" (KJELL ASPLUND, THE SWEDISH NATIONAL COUNCIL ON MEDICAL ETHICS)

The presentation had a focus on HSPA in Sweden where some of the original registries were established in the field of orthopaedic surgery and oncology in the 1970's. There was a further specific focus on cardiovascular diseases and stroke. The presenter has been involved with a Swedish initiative called RIKSSTROKE with the goal to reduce mortality and morbidity in relation to stroke.

The following were some of the main aspects mentioned in the presentation:

- Issues of equality, equity and outcomes that have been improved thanks to HSPA.
- Better quality of registries and the use of registries in relation HSPA.
- Benchmarking.
- Multidimensional monitoring.
- Use of randomized trials and its consequences on policy actions.
- The importance of community support.
- The need to look at processes and not only outcomes.
- Issues related to cost effectiveness.
- Importance of patient involvement and patient feedback.
- Use of Big Data.

2.1 Discussion

The following were some of the main points discussed:

- A discussion was raised on the issue of removing bad treatments and how that can be achieved.
- The uses of registries and how they should be maintained.

- The establishment of indicators was also addressed where members considered the process of reaching consensus on indicators not only in a national context, but also in an international context.
- The possibility to develop guidelines in relation to joint actions on registries and an eHealth network.

3.- "How to use HSPA at the regional level to improve outcome results" (Henning Elvtegen, the region of Landstinget Östergötland)

The presentation focused on the governance and management structure when addressing the needs of the health care system in the municipality of Östergötland. The presentation also showed how regional comparisons may affect local results. The following main aspects were mentioned:

- There are several levels where policy makers as well as the health workforce have to meet and cooperate.
- The use of "regional program medical groups" established in order to allow professionals to discuss quality improvement.
- The importance, of involving the "right people" to discuss and compare which are also entitled to create new data; has been evident in the processes of the municipality.
- Some case studies were presented on how comparisons between healthcare providers may lead to improved results.
- In the context of reducing the incidence of caesareans, it was exampled how comparisons and benchmarking within the region have improved results.
- The importance of the continuous interaction between "regional program medical groups" and other decision makers, and how one indicator may cause a chain of other discussions and improvements.
- The concluding reflection presented the following key success factors:
  - Encourage transparency of data on all levels;
  - Get the right people involved in the analysis of data;
  - Make sure that managers of health care units have access to their own results (your own data will get you interested);
  - Create groups where managers or influential doctors from different hospitals/health centres meet with the explicit task of comparing quality and learn from each other ;
  - Ask for medical results, not only economic ones.

3.1. Discussions

The following were some of the main points discussed:

- The consensus on indicators and how politicians may be involved.
- Waiting times.
- How to establish benchmarks.

4. - "WHERE ARE WE NOW AND HOW DO WE MOVE FORWARD" (MONA HEURGREN, THE NATIONAL BOARD OF HEALTH AND WELFARE)

The presentation focused on public reporting schemes on health care within Sweden and how one ensures quality and continuity of registries. The following were some of the main aspects of the presentation.

- Comparisons and the continuous monitoring have had positive outcomes within the health care system especially in terms of regional comparisons and the improvement in relation to several conditions including heart diseases and amenable mortality.

- Issues that were highlighted were:

  - From national to local level when following up on recommendations.
  - Focus on data and the ideal quality of data.
  - Close collaboration with professionals.
  - The mandatory use of registries where there also may be other initiatives which are non-mandatory.

- The reporting has improved over time, where professionals want to be part of the reporting even though it took time to integrate all actors. Furthermore, there is now a focus on quality which is more debated and more discussed than budget and personal issues.

- Key success factors mentioned were: Trust, acceptance by the professionals; patience and reasonable expectations; focus on quality, guidelines, evidence based medicine; equity and improvement of work (not on financial incentives and the ranking); access to data; involvement and acceptance by counties and municipalities; local organizations for working with the use data to improve performance.

- For the future the following aspects were mentioned: Maintenance of the work and the updating process; many indicators; need to continuously develop how to publish and present data for different needs; focus on improvement work and how to use the data; improvement of data sources; knowledge of the methods must improve and also development of the concept of quality, move from ranking to target levels.

4.1 Discussions

The following were some of the main points discussed:

- How to avoid upcoding/gaming.
- The structure of the department and sources of financing.
- Difference between mandatory and non-mandatory registries.
- The relationship between quality improvement and reimbursement.

5. PRESENTATION OF AN ITALIAN EXPERIENCE: SCALING UP A REGIONAL PERFORMANCE EVALUATION SYSTEMS BY (SABINA NUTI, SCUOLA SUPERIORE SANT'ANNA – MARINA DAVOLI, NATIONAL AGENCY OF REGIONAL HEALTH SERVICES)

5.1 National context

Marina Davoli presented the Italian experience in a national context. The following were some of the main aspects of the presentation.

- The concept of using essential levels of care when analysing a given system.
- The experience from different regions in Italy and in that presented the process of developing benchmarks including outcome and volume of care.
- Benchmarking was also discussed in general and in particular on caesareans and hip fractures.
- To discuss the issue of policy uses and abuses as well as undesirable effects.
- Safe and equal health care: linking personal data with other data.
- Future Ministry of Health actions mentioned were :
  - Build registries or relevant clinical information and work on quality
  - Ministerial decree for data linkage across health databases.
  - Quality of care and quality of data.

5.2. Regional context

Sabina Nuti presented the regional experience of Tuscany. She highlighted the importance of presentation. Presently they use a "Dartboard" graphic where there is a clear overview on where to improve and where indicators are within a good range.

Thereafter the following aspects were mentioned:

- How to set priorities: With so many recommendations how to prioritise, and how are these experiences shared.
- Helping the regions to set the targets for their own providers, evidence based target to be achieved.
- Benchmarking should be developed by using budgetary tools as well as other tools and subsequently set a target. There is a wish to go beyond the median and the medium. Furthermore, one should achieve a goal depending on the starting point which is important in order to reduce variation.
- Financial incentives reward system in the Tuscany region.
- Public disclosure and reputation equals intrinsic values; in that there should be meetings to discuss data between colleagues.
- The importance of using a visual reporting system, public disclosure of results and the managers of professionals.
- Tuscany hip fractures have shown good results.
- More quality equals more financial sustainability.
- Importance of gather information on opinions of the employees. Global performance and survey response rate coincided, showing positive impact of bottom-up processes.
- Health care is based on human factors. They are doing the difference; therefore there is a need of management skills, to improve performance in healthcare.
- Need to improve and reduce variability (trend vs. variability).

- Put into place a virtuous circle: public disclosure; involvement of data; motivate people; show professionals what they are spending; patient and staff satisfaction.

5.3. Discussions

The following were some of the main points discussed:

- Effect on utilisation of healthcare services, informed choices and equity aspects.
- Patients demand for health care to be measured.
- The usage and non –usage of comparison websites.
- Hospital performance using cross-sectional data, the trend over time, and the role of management.
- Safety assessment.
- Incidence of analysis bias.
- Competition on quality and appropriateness rather than expenditure.

6. PRESENTATION OF A HUNGARIAN EXPERIENCE: THE START-UP PHASE OF HSPA (PÉTER MIHALICZA, NATIONAL INSTITUTE FOR QUALITY AND ORGANISATIONAL DEVELOPMENT IN HEALTHCARE AND MEDICINES)

The main focus was on the Hungarian experience which is in the start-up process of developing a system for HSPA.

Some of the main aspects presented were the following:

- Development of indicators: definition and calculation.
- Establishment of a HSPA working group.
- Constraints: Time, expertise, data and funding.
- How to institutionalise HSPA in Hungary.
- Complexity of evaluation and analysis.
- Policy dialogue with relevant actors and experts.
- Legal framework: Report every two years; prepared by 3 background institutions; evaluation and data collection plan; budget, report contains policy recommendation; the Minister approves and publishes the report online. Thereafter, there is an obligation to monitor recommendations.
- Further education of officials needed in order to fill in indicator template.
- Number of indicators: Sweden has established around 1000, Hungary has a present target to develop around 90.
- Response time: Calculate every ½ year, report every 2 years, report with 1,5 year old data.

6.1. Developments in 2015.

It was explained that the following developments are expected for 2015:

- Gather data.
- Calculate indicators.
- Analysis of the year of 2013.
- Have to educate people to fill in the indicator template.
- To develop 60 indicators would be a good result.

6.2. Discussions

The following were some of the main points discussed:

- Involvement of politicians and other policy makers in the HSPA process. How may it affect quality?
- Who will be responsible for the analysis and evaluations?

7. THE LATEST HSPA IN EU, HEALTH AT A GLANCE - PRESENTATION AND DISCUSSION. WHAT CAN BE CONCLUDED ABOUT RESULTS AND COMING POLICY ACTIONS? (GAETAN LAFORTUNE, OECD)

The OECD presented the recently published "Health at a Glance Europe 2014" report where the outline of the report with some further detailed explanations on how to read the report served as an introduction. Thereafter, the different aspects and topics of the report were presented.

- Content based on key indicators of the ECHI indicators of 88 indicators, the OECD are not able to show all as they are not completely defined.
- Data presented uses two joint data collections, which ensure consistent data with a good layout.

- **Health Status:**

  - Life expectancy and healthy life expectancy have increased but variation between countries exists. In terms of life expectancy women live longer, but have also a reduced proportion of healthy life years (HLY).

- **Healthcare resources and activities.**

  - Average length of stay has fallen.
  - Normal delivery for women shows disparities between Member States.

- **Health expenditure levels and trends.**

  - Mix of public and private financing.
  - Development of health expenditure certain have increased little some reduced.
  - Low income citizens are twice more likely to report unmet needs for medical and dental care.
  - Density of doctors very variable within the countries.
  - Waiting times also variable.

- **Quality of care**

  - Stroke and heart attacks mortality rate being lower, progress everywhere.
  - Chronic diseases and asthma, diabetes, progress everywhere.

7.1. Discussions

The following were some of the main points discussed:

- How to gain media recognition.
- How to go further to fit the needs of Member States.
- Discussions regarding output based or outcome based efficiency.
- How data on income distribution in relation to health may be complemented by EU-SILC.
- The level of detail in the reports.
- Dissemination.

8. SUM-UP

The chair summed up the following points from the presentations

- Presentations have shown the importance of attracting the area for researchers and the continuation of feeding into the evidence base.
- Big Data and how to automatize systems.
- The issue of Big Data could potentially be discussed during the Luxemburgish presidency.
- Data protection is an important topic.
- How to get data from the private sector.
- Financial incentives versus quality.
- Involvement of patients and how to do it.

9. DISCUSSION OF THE WORK-PLAN, INCLUDING CHOICE OF THE PRIORITISED TOPIC AND DEFINITION OF THE WAY TO PROCEED (EUROPEAN COMMISSION)

The European Commission presented the draft work plan 2015 which was circulated on the 19th of December, with the following main features:

- Goals:
  - To set up a forum for systematic and thorough exchange of experience on the use of HSPA at national level. The forum will document its activities, likely on a dedicated web-based platform, to be set up and populated in the course of 2015.
  - To select an area in which to develop methodologies and tools for health systems performance assessment; the findings of this work will be presented in a report that will be likely drafted by the end of December 2015. Behind identifying methodologies and tools, the report will as well present and validate policy actions in relation to the selected priority area.

- 6 Actions:
  - Adopt work-plan and identify the priority area for future discussion
  - Create a web-based platform for sharing experiences, methodologies and tools, including for dissemination of HSPA's outcomes
  - Populate the platform with experiences from Member States and international organisations

- Identify methodologies and tools for dissemination and reporting of outcomes of HSPA in relation to the priority area
- Search for possible policy actions which have been chosen by Member States as a consequence of HSPA
- Compile a report of the findings of the work in 2015 with a specific focus to establish HSPA as a viable policy tool

- Survey
  - The outcome of the survey which was sent out on the 16th of December 2014 showed that respondents had chosen "quality of care" as priority area for 2015 with "integrated care" as the second most chosen priority area.
  - Respondents had chosen the Macro level to address the priority area.

9.1. Discussions

The following were some of the main points discussed:

- Chair suggested to establish 2 groups of 5-7 people to focus on the two topics emerged as priorities from the survey:

  - **Quality of care.** This sub-group will contribute to draft a report on tools and methodologies to assess quality of care. The report will be ready by the end of 2015.

  - **Integrated care.** This sub-group will contribute to design a framework for performance assessment of integrated care. It will pave the way for the identification of tools and methodologies, which will be at the core of the work-plan 2016.

- To find synergies of work that has already been done (FP7 programmes) and work in progress such as the work on healthcare quality indicators of the OECD.
- Sharing experiences such as case studies of the different countries and in that defining issues that should be addressed, could be informative.
- The need of representatives to seek approval from hierarchy before deciding on groups.
- How reporting will be used.
- What variation in indicators implies, depending on the country-specific context.
- The OECD mentioned work on several areas where one first mentioned cardiovascular diseases and diabetes with cross-country analysis. Furthermore, the OECD mentioned the data collection on quality of care where 2011 data is used and will be compared using data from 2013 to see if progress is achieved. Finally, the OECD also mentioned that work is ongoing on appropriateness of care. In that, OECD presented that there is a potential of synergies.
- Collect information on outcomes of registries
- Sharing experiences on how to get the data and mitigate potential gaps in data
- Data by private providers patients and doctors directly could also be an interesting topic for discussion
- The Senior Level Working Party will meet on the 15th of July which makes it important to work timely on the work of the group.

10. NEXT STEPS

Representatives should leave comments on the work plan 2015 by the 16th of February, if no major changes are introduced the work plan will be adopted.

At the same time representatives are invited to present candidates for the two groups on (1) quality of care and (2) integrated care.

Work will then commence on the two groups where teleconferencing is suggested, and the first steps to establish an online repository for the next meeting.

Next meeting will be held in Brussels on the 5th of May. The 3rd meeting is planned for late September and the 4th in December (TBC).