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

## 23RD MEETING

## 26 OCTOBER 2020, 09:30 – 13:30

***VIRTUAL MEETING***

## MEETING MINUTES

Participants: Austria, Belgium, Croatia, the Czech Republic, Estonia, Finland, Germany, Hungary, Ireland, Lithuania, Latvia, Luxembourg, Malta, the Netherlands, Norway, Portugal, Romania, Slovenia, Sweden, the European Observatory on Health Systems and Policies, the OECD, the WHO Europe and the European Commission

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### 1. OPENING OF THE MEETING

**The Chair (Kenneth Grech, Malta)** opened the meeting. The Expert Group adopted the agenda and the minutes from the 22nd meeting.

### 2. MEASUREMENT AND ASSESSMENT OF ACCESS TO HEALTH CARE

**Ewout Van Ginneken, Wilm Quentin and Dimitra Panteli (European Observatory on Health Systems and Policies)** presented the work on developing patient vignettes that document access to different health care services in Europe. They explained the concept of the vignettes in general and detailed a vignette relating to stroke care and three vignettes describing dental interventions.

Each vignette briefly presents an average patient (features like age, health problems or medical history). It describes the patient's pathway according to standards of access to care. Where applicable, these standards were proposed by experts and based on international guidelines. A survey was sent to countries to assess access to specific treatments and procedures in the national context. Twelve countries took part in the survey: Bulgaria, Estonia, France Germany, Italy, Lithuania, Netherlands, Poland, Portugal, Slovakia, Sweden and the UK. The analyses of the replies show that the distance to health providers, financial obstacles (e.g. co-payments), exclusion from public coverage of certain services and treatments (e.g. rehabilitation) or lack of competencies by health professionals to treat specific categories of patients (e.g. mentally unwell people) are barriers to access health care. A street light system (green, orange and red) was used to summarise the results and compare countries. However, the use of specific colours

was to some extent subjective, since the cut-off point between colours was not always clear. In some cases, the researchers will need to validate the results, and enter a dialogue with respondents to review the replies to some questions. In order to scale up this approach to measure gaps in access to healthcare, questions would need to be refined and vignettes would need to be made more user-friendly. Furthermore, more experts with different backgrounds would have to be involved in the survey. To date, only one expert per country participated in the research. Especially in case of countries with regionalised healthcare systems, more replies would be necessary. Though the vignettes' primary purpose is to answer questions about access to health services, they may also inform of the quality of care, efficiency or compare the costs of care.

At this stage, the work on stroke and dental care vignettes is the most advanced. Results of the mental care and palliative care vignettes will be available soon.

*Stroke vignette*

This vignette presents access to ischemic stroke care, as around 85% of strokes in Europe are of that type. International guidelines on treating ischemic stroke exist but there are still visible differences between countries. Surprisingly, differences relate to the definition of a stroke unit. There are countries where rehabilitation after hospital discharge is not included in the package of benefits and patients finance it out-of-pocket. In other countries, access to this service is only theoretical, because of the limited availability of rehabilitation centres and specialists, in particular in underserved areas. Not all countries have enough specialised stroke treatment centres, which lowers the quality of care their systems can offer. The results of the vignette case studies show disparities in access between eastern and western European countries, which coincide with the health outcomes of patients with stroke.

*Dental vignettes*

There are three vignettes, each of them describing access to treatment for a different problem: dental caries, periodontal disease and tooth loss. There are no international treatment guidelines, so it is difficult to suggest a universal set of services. The results of this vignette case confirm that in general, dental care is not a priority for many public health systems. There are very different arrangements for insurance of dental care and often affluent people or certain groups of professionals have private insurance. This creates many disparities in the access to dental care. Furthermore, the access to dental care in rural areas is usually worse than in cities. Lack of competencies of some dentists to treat children or people with mental health problems is another reason for limited access. Inappropriate infrastructure of dental clinics (e.g. lack of platforms for wheelchairs) is an obstacle as well.

During the discussion that followed, the Expert Group agreed that the research on two other vignettes: mental care and palliative care should continue because the approach is interesting. The expert group acknowledged advantages of this innovative approach. In comparison to traditional surveys, vignettes present a more specific situation, which allows for analysing access problems on a more granular level. The vignettes may serve both for comparisons

between and within countries (regional differences), capturing inequities in relation to various characteristics: socio-economic and clinical. There are many ways to develop the vignettes further, beyond the access report by the Expert Group. This would require scaling up the research within a stand-alone international project. This way more countries and more services could be analysed. The HSPA report will provide conclusions on how this approach could be scaled-up. A vignette on COVID-19 care was also considered, but this would require further discussion. Another option is simply to improve already existing vignettes. Finally, the results of vignettes' analyses may improve the comparative tables of the Mutual Information System on Social Protection (MISSOC).

The Expert Group agreed that the forthcoming report on measuring access to health care will rely on the four existing vignettes (stroke, dental care, mental health care and palliative care).

**Kasia Ptak-Bufkens (European Commission)** summarised the work done on the access report so far and presented the report's possible conclusions. Efforts to finalise the report should now concentrate on drafting chapter 3 on the vignettes.

In conclusion, she stressed that using one indicator to describe access to health care is not feasible, because this would oversimplify complex realities. The report therefore will propose more sophisticated ways to measure access at both a European and national level. The proposed methods and indicators will be driven by a need for metrics that focus on the effectiveness of healthcare coverage, which could help align services to the needs of the population. The report will also analyse the importance of health inequities and propose ways of measuring them. It will also propose adaptations to health system access to meet the needs of more vulnerable groups. Furthermore, the report will also draw lessons from the COVID-19 outbreak and consider whether metrics are sustainable and can support services in situations of stress.

Adding to the decision of including only already existing vignettes in the report, the Expert Group agreed that further work on access (beyond drafting and publishing the report) might include scaling up the vignettes and using them to improve MISSOC tables. Political discussions with the Social Protection Committee, SPC review on access to healthcare scheduled in March 2021, potentially the Presidency conference within the social summit if the plan to have a session on access to healthcare is confirmed, projects financed by the European Structural and Investment Funds, as well as the forthcoming EU4Health programme are other options for consideration.

The access report will be finalised in the next meeting of the HSPA Expert Group. The policy focus group may be organised to continue a more in-depth discussion on vignettes.

## 3. IRISH HSPA FRAMEWORK

**Andrzej Ryś (European Commission)** chaired the second part of the meeting.

**Martin Woods (Department of Health, Ireland)** made an introduction to the point on development of the Irish HSPA framework. This exercise is a next step in reforming Irish health care system (Sláintecare) that aims at shifting care from mainly inpatient facilities to

community care. The HSPA framework will serve to assess the reform and its modifications when needed.

**Dionne Kringos, Niek Klazinga, Erica Barbazza, Damir Ivankovic and Oscar Brito Fernandes (University of Amsterdam – Amsterdam University Medical Centres)** are part of the Irish HSPA framework Project Team. To measure, to monitor and to inform – these are the aims of the HSPA framework for Ireland. The project, financed by the European Commission Structural Reform Support Service Programme, started in September 2019 and will finish at the beginning of 2021. The project's phases follow the framework; assessing Irish Health Information System; identifying domains and indicators; defining subsets of indicators; and preparing the Action Plan and pilot presentation of sample indicators. There are five clusters of the future HSPA framework ● outcomes (health status), ● outputs (access, person centeredness, quality, costs), ● processes (co-ordination, integration, continuity), ● structures (governance & accountability, financing, health workforce, health information systems, medical technologies and infrastructure), ● crosscutting (efficiency, equity, resilience).

The indicators in the framework have to be fit for purpose (i.e. aligned with the concept of the Irish HSPA framework) and fit for use (i.e. measurable and robust). Their selection relies on what is used in Ireland and internationally, as well as on literature review. Country specificity plays the main role in shaping the framework. Its final form depends on its predefined functions. This sequence is very important. The Project Team consults the framework with many stakeholders, not only with NGOs and alike but also with citizens via a special panel. The citizens showed great interest in taking part in the consultations.

During the discussion that followed, the members of the Expert Group asked about the target audience of the framework and the importance of the governance structure. The framework is primarily for the policy-makers. Its successful use will rely on the careful design of the governance mechanisms. For the Irish Department of Health, engaging external experts for this work was key. It allowed unbiased analysis that resulted in proposing the best solutions.

## 4. RESILIENCE REPORT FINALISATION AND NEXT STEPS

**Federico Pratellesi (European Commission)** presented the resilience report's conclusions and summarised the last steps before its publication.

The report's conclusions point out that shocks to health systems will likely be more frequent, extensive and intense in future. It is evident that the COVID-19 pandemic revealed the vulnerabilities of health systems. Measuring the resilience of health systems reveals context specificity of HSPA and exposes interlinkages between the systems and their external environment. Though HSPA frameworks do not specifically define resilience, the frameworks represent all elements of resilience. Governance is a feature that is key for resilience and measuring governance is a proxy for measuring resilience.

The Secretariat will send the draft final report to the HSPA Expert Group for final revision. The publication will follow.

## 5. AOB AND CONCLUSIONS OF THE MEETING

The next (24th) meeting of the HSPA Expert Group will take place on 18 February 2020. It will be a virtual meeting. The Group will finalise the access report and initiate reflection on the next priority topic – preventive care.

Belgium informed the Group about a forthcoming national report on equity, which is also related to the dimension accessibility. The report on equity is part of their health system assessment report. The report will be presented in the next meeting.