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

13TH MEETING

23 FEBRUARY 2018, 09:30-16:00

CENTRE CONFERENCE ALBERT BORSCHETTE

BRUSSELS, BE

MINUTES

Participants: Austria, Belgium, Cyprus, the Czech Republic, Estonia, Finland, France, Hungary, Ireland, Italy, Latvia, Lithuania, Malta, the Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Sweden, the United Kingdom, European Observatory on Health Systems and Policies, WHO, WHO Europe, OECD, European Commission.

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1. OPENING OF THE MEETING

The co-Chair of the Expert Group on HSPA (Daniel Reynders, BE) welcomed participants to the meeting. In his initial remarks, he informed members of the Expert Group about his intention to retire and step down from his function as of September 2018.

As a result, Mr. Reynders invited the Expert Group to consider possible candidates to replace him in his role.

The agenda was approved.

2. ASSESSMENT OF PRIMARY CARE REPORT – FINAL VERSION

Katarzyna Ptak (DG SANTE) presented the final version of the report "A New Drive for Primary Care in Europe: Rethinking the Assessment Tools and Methodologies".

A draft version was presented to members of the HSPA Group at the previous meeting in December 2017. They were invited to send their comments and feedback on it until beginning of 2018. The final version of the report was prepared on the basis of the feedback received.

Comparing to the draft of December 2017 the recommendations were streamlined, making a stronger case for strengthening primary care provision based on evidence from the body of the report, highlighting how HSPA development has a high potential for supporting a stronger primary care sector, with positive spill-over effects for the whole healthcare system.

Ms. Ptak provided a recap of the structure of the Report and the evidence underpinning its three main recommendations on i) the need to improve primary care information systems, ii) institutionalise performance monitoring systems within a robust accountability framework, and iii) embed performance assessment in policy processes. At the end of the presentation, members of the Group were asked to provide their comments on what lessons can be drawn from the work on the report which can be applied to improve the process and output of the next report on efficiency of care, and on how delegates are planning to use and disseminate the report on primary care in their respective countries.

Members of the Group generally supported comments highlighting the need to increase involvement by primary care professionals in the HSPA process as a core enabler for acquiring more data of higher quality. To this purpose, several members acknowledged that the report's final structure and key messages are more geared towards policymakers rather than health care professionals. In order to target the latter some members of the Expert Group proposed preparing a document on relevance of HSPA for the health professionals and the added value of the health professionals' greater involvement in the HSPA. The document would aim at raising awareness among primary care professionals about their pivotal role for the specific purpose of improving the performance of the healthcare system in which they operate.

Other comments from members of the Group underlined the importance of signalling the existence of specific bottlenecks in the process of primary care data collection and management to policymakers, while at the same time maintaining a balanced outlook on opportunities to overcome current obstacles. Moreover, as the primary care sector becomes more complex in its organisation – for instance, through GPs' currently emerging shift from solo practices to group practices – the need to set up processes to collect data more effectively via increased involvement and ownership by doctors will become even more prominent.

As described in the HSPA report on primary care, some countries have already taken successful steps towards this goal, thus documenting their experience can provide a valuable opportunity for mutual learning.

3. REPORTING ON COUNTRY EXPERIENCES - ITALY

Marina Davoli (Department of Epidemiology of the Lazio Regional Health Service, Italy) presented the main features of the "National Outcome Evaluation Programme" (PNE), an evaluation instrument that measures the outcome variability among providers and/or local health authorities across Italy. The outcome measures used in the PNE are used as an assessment tool to support clinical and organizational audit programmes aimed at improving

both effectiveness and equity in the Italian health system. The main aim of the programme is therefore not to "rank" hospitals based on their effectiveness.

Despite the fact that the online platform's user interface design may not appeal to a non-specialist user base, the platform has a significant and increasing number of users, registering more than 26.000 unique visitors in 2016. The platform provides information about relevant differences in outcomes of NHS hospitals and/or local health units by using a set of 170 direct and proxy indicators that were discussed and agreed by a wide group of national experts.

Ms. Davoli presented some examples to showcase the positive impact that the setup of this systemic outcome monitoring programme, coupled with binding minimum volume/outcome targets established by law, has generally had on hospital outcomes over the course of the last 7 years. The example of the indicator on the share of patients with hip fracture who receive surgery within 2 days from admission showed the dramatic performance improvements registered in some regions following the implementation of the NEP, yet highlighted, at the same time, the existence of persistent, large inter-regional variations.

Ms. Davoli then explained in detail the structure, scoring methodology, visualisation methods of results and communication channels used by the platform to give public visibility to the output of the monitoring system, highlighting the importance of keeping an absolute level of transparency for each step of the design of the system. Potential weaknesses and current areas for improvement of the monitoring system were also acknowledged – notably, risks related to i) the misrepresentation/misinterpretation of reality based on a direct reading the selected synthetic indicators, ii) the inevitable discretionary space associated with the attribution of weights to each indicator, and to iii) the sometimes low quality of inpatient/hospital coding. On this last point, Ms. Davoli stressed that while providing data quality auditing services to local health authorities represents an important instrument to incrementally improve the effectiveness of the NEP as a monitoring tool, it is fundamental to familiarise doctors with the system and seek their direct, positive involvement in its assembly for data quality to be standardised and improved effectively.

During the discussion issues like using the same indicators for different purposes (e.g. Caesarean sections being used either to describe features of services or to measure quality of care) and sources of information (DRG – for both financial and quality reporting) were mentioned.

Informing health professionals and patients about quality of care results was other problem raised by some Expert Group members. There are different approaches in Member States to that and the HSPA Expert Group is the appropriate forum for exchanges on this issue.

4. ASSESSMENT OF EFFICIENCY OF CARE

This agenda item consisted of three presentations to members of the Group.

Pascal Meeus (National Institute for Health and Disability Insurance, Belgium) delivered a presentation on how the HSPA process is carried out in Belgium, using the 2015 edition of the

report on the performance of the Belgian health system published by the Belgian Health Care Knowledge Centre as a basis for illustration of the system.

Mr. Meeus explained that the first systematic HSPA process by the Belgian government began in 2007, and that, over the course of the years, the indicator framework of each HSPA Report (the 2015 edition is the third one) has been extended, and its evaluation methodology has been further refined. In the current framework, the performance of the health system is evaluated along four dimensions – quality, accessibility, efficiency, and sustainability. Quality of care is further subdivided into five sub-dimensions (effectiveness, appropriateness, safety, patient-centeredness, continuity), whereas equity, is a transversal dimension which is presented across all tiers.

With regard to efficiency measurement, three indicators had been selected – i) *share of one-day surgical admissions*, ii) *average length of stay for normal delivery* (as a more comparable indicator between countries than standard ALOS due to differences in patient case-mix) and iii) *utilisation rate of low-cost medication*. Mr. Meeus acknowledged that the framework presented is not exhaustive, as it only captures inefficiencies related to the relatively higher cost of inputs used and remains blind to potential inefficiencies related to the provision of inappropriate/ low-value care, as well as administrative waste, corruption and the like. The "appropriateness" dimension, which initially featured under the quality of care dimension, was therefore linked to the efficiency one to fill this gap in the HSPA framework by looking at four "sub-components" of the efficiency dimension – unexplained geographical variation for a selection of health inputs and outcomes, screening rates outside the target group for a number of diseases, overutilisation of medical diagnostic tests and inadequate medical treatment rates. The enhanced assessment framework detected a sizeable amount of potentially unwarranted differences in performance across the Belgian health care system. Through several examples, Mr. Meeus described in detail the methodology used to scrutinise these results and understand whether these observed differences are truly indicative of "symptoms" of inefficient practices of care provision or not, stressing the importance of having an open dialogue with health professionals and medical associations as a key step to understand the root cause of inefficiencies and design effective solutions.

Birgitta Lindelius (National Board of Health and Welfare, Sweden) delivered a presentation on how HSPA is carried out in Sweden. Monitoring and assessing the efficiency of the Swedish healthcare system is the joint responsibility of the Swedish National Board of Health and Welfare and the Swedish Association of Local Authorities and Regions, which regularly publish a report presenting results for about 170 indicators and comparing the performance of several regions. The report provides information and data for use in the public debate about the healthcare system, and supports efforts by the county councils to analyse, improve and manage the healthcare services they provide.

Ms. Lindelius illustrated the main features of the analytical framework used in the HSPA process in Sweden, showing that efficiency is featured as one of the six dimensions under scrutiny, and explained that indicators are mostly based on registry data. A distinctive feature of the Swedish HSPA system is the possibility of linking different data registries together

using citizens' unique digital ID, which provides valuable knowledge about the occurrence of disease, the use of healthcare services and results from public health measures up to the individual level. Based on available registry data, efficiency assessments are currently made by means of cost-effectiveness analyses, efficiency ratios and other indicators aimed at detecting cases of inappropriate care – for instance, prevalence of never-events, and wasteful spending – for instance, share of patients treated with low-cost statins after myocardial infarction. Ms. Lindelius explained that a more advanced performance assessment framework for efficiency in health care is currently being developed. The future framework will be expanded to include information on avoidable hospitalisations, unnecessary surgical interventions (e.g. knee arthroscopy for osteoarthritis), adverse events due to drugs in therapeutic use, overuse of hospital services and on preventive care. Ms. Lindelius concluded her presentation by outlining the main challenges that are being encountered in the design of this more sophisticated HSPA framework – limited access to primary care data, difficulties in matching information on costs and outcomes and case mix adjustment, and accounting for differences in the management structures in each of the 21 Swedish regions.

Santiago Calvo Ramos (DG ECFIN) present the methodology used by DG ECFIN to assess the efficiency of EU healthcare systems in the context of their broader assessment of health systems' financial sustainability.

Mr. Calvo Ramos explained that the assessment is carried out in two steps. The first step foresees the use of the "Horizontal Assessment Framework" (HAF), an indicator-based screening device designed to benchmark countries' health systems performance in five areas (hospital care, ambulatory care, pharmaceuticals, prevention and administrative spending) and detect possible low-performing areas in a horizontally consistent way.

This first quantitative step is then followed by a more qualitative assessment based on a wider set of data and country-specific information aimed at verifying and deepening the understanding of the challenges identified by the HAF screening tool. Referring to the use of the first step screening tool, Mr. Calvo Ramos acknowledged the limits inherent to the instrument and further stressed that a simple reading of the HAF results is not by any means sufficient to obtain an exhaustive, thorough description of the complexity of a health system and its efficiency level. The required further quantitative and qualitative research is made on the basis of comprehensive country-specific information gathered from the OECD and WHO publications, the "State of Health in the EU" initiative, the EPC – EC Joint Report on Health Care and Long-Term Care Systems, and direct fact-finding missions to Member States as well. As per the applicability of this methodology to measuring efficiency of health systems by national authorities, Mr. Calvo Ramos that said, while on the one hand cross-country comparisons and benchmarking still represent useful tools to identify areas where efficiency gains can be made, on the other hand the prerequisite of cross-country comparability of data used in horizontal analyses ceases to hold for country-specific assessments of efficiency of care. This presumably gives way to the possibility of using more indicators of better quality, which correct interpretation however still often requires to be complemented by information of qualitative nature.

Mr. Calvo Ramos thanked members of the Group for their attention and concluded his presentation by reminding members about two relevant upcoming reports by the European Commission that are about to be released – the 2018 Ageing Report, with an updated set of expenditure projections for EU 28 Member States, and an update of the 2016 EPC-EC Joint Report country documents.

During the discussion which followed the Expert Group's members touched upon problems with interpreting data, depending on e.g. population concerned. This may be the case of high and low use of health resources and services. Sometimes extensive care is efficient whereas its low provision signals inefficiencies. It was also pointed out that day surgery should be rather seen as a product, not outcome indicator.

Many members of the Group agreed that assessing health system purely from financial point of view gives only partial picture of their performance as should not be sole driver for policy makers.

The above national experiences in assessing efficiency of care, as well as those from other countries, will be a part of the report the Expert Group will prepare in 2018.

5. ASSESSMENT OF EFFICIENCY OF CARE – CONTINUED

Federico Pratellesi (DG SANTE) presented a proposal to the Group for a work plan on the 2018 HSPA report on tools and methodologies to assess efficiency of care. It was based on a discussion note circulated in advance of the meeting,

An account of the early input received from members of the Expert Group from the previous meeting in Paris was presented, together with a summary of the discussion and conclusions from the first teleconference of the subgroup on efficiency of care. On this occasion, the Expert Group generally agreed that the next report on efficiency of care should i) strive to maximise value added in relation to already published and/or ongoing work at the EU level, ii) identify good practices and assess their potential replicability in other systems, and iii) act (also) as an advocacy tool for the HSPA process.

Mr. Pratellesi reported that the first discussion by the subgroup on the scope of the report suggested three main goals to be pursued: i) to collect information and create a "casebook" of national experiences on how each country assesses efficiency of their healthcare system, ii) to identify recommendations for policy actions through an analysis of common challenges and successful solutions applied in different countries, as well as the limitations countries face in assessing and monitoring efficiency of care, and – subject to approval by the group, iii) to create a policy focus group to analyse a selection of commonly used efficiency indicators, report how these data are interpreted to inform decision-making in each country and scrutinise their limitations as a means to using them correctly.

A tentative timeline which sees the compilation of the first draft of the report in October and its finalisation in December 2018 was presented. Members of the Group were therefore

invited to provide their comments on the proposed approach in view of validating the work plan of the subgroup.

The Group generally agreed with the proposed approach. Comments from members on the proposed creation of a policy focus group stressed the importance of taking into account, also in the conclusions of the analysis, that health system efficiency in its complexity cannot be examined exhaustively simply by looking at a selection of indicators. Other comments suggested that, on the basis of the analysis by the policy focus group, it would be helpful to identify the most critical data gaps that currently limit the scope for measuring efficiency of care, and devise a "wish list" of data which would be most helpful to policymakers and managers to increase the quality of efficiency measurement for the purpose of policy formation and evaluation.

The Secretariat will draft a questionnaire on assessment of efficiency of care which then will be discussed by the subgroup in order to be sent it to the whole Expert Group. Replies to the questionnaire may be used in preparation of discussion by the policy focus group. They will be input into the above report.

6. HEALTH SYSTEMS ASSESSMENT – PRESENTATION BY THE WHO GENEVA OFFICE

Dheepa Rajan (WHO) presented an update on the latest activities carried out by the WHO in the area of technical coordination of health systems' strengthening, with a specific focus on the international partnership for universal health coverage 2030 initiative (UHC2030), a multi-stakeholder platform that promotes collaborative working at global and country levels on health systems strengthening.

Dr. Rajan explained that the launch of UHC2030 initiative in 2016 saw a session dedicated to health systems assessments (HSA), in which WHO, USAID, the World Bank, the Global Fund, and Ministry of Health representatives from Guinea, Liberia and Sierra Leone examined opportunities to harmonize and align existing methodologies for HSA. To this purpose, UHC2030 partners gave broad support for the creation of a technical working group to examine the pros and cons of the various options for harmonization and to eventually develop a common benchmarking for health systems assessment.

In August 2017, a draft version of the technical working group concept note was shared with interested parties. Broad consensus was achieved to elaborate an action-oriented agenda to ensure that HSA results would actually feed into health sector reforms and policies. It was repeatedly mentioned that one way to ensure this would be by emphasising a more demand-driven HSA approach rather than one lead by the needs of those who are conducting the assessments. Four main deliverables are expected from the technical working group: i) an UHC2030 annotated template to conduct health systems (performance) assessments, including taxonomy, working definitions, a set of core indicators; ii) a process guide on HS(P)A, integrating performance assessment and based on the principles of country ownership and leadership; a UHC2030 knowledge platform around HS(P)A which supports

cross-country learning; and iv) a set of advocacy tools to gain stakeholder buy-in and promote a more accountable environment.

Dr. Rajan concluded her presentation by outlining the next steps of the technical working group, stressing that by fulfilling the above-mentioned objectives, HSA will serve countries' health systems progress and truly contribute to improved health systems performance while considerably reducing administrative burden.

7. SUPPORT FOR HEALTHCARE REFORMS – PRESENTATION BY THE SRSS

Federico Paoli (SRSS) gave a presentation to the Expert Group on opportunities for technical support offered by the Structural Reform Support Service (SRSS) for developing HSPA.

The SRSS is a service of the European Commission created in 2015. Its mandate is to support Member States with the preparation, design and implementation of growth-enhancing reforms, focus on providing tailor-made support and coordinate technical support provided by the Commission.

Mr. Paoli explained that technical support provision is demand-driven: at the request of a Member State, the Service discusses together with the Member State where support for reforms is needed, pools expertise from all over Europe (either via experts from the Commission, other Member States, international organisations, public entities and/or the private sector) and provides financing for the reform support while coordinating the necessary expertise. The ownership of the reforms therefore remains with the Member State.

The Service manages a dedicated support programme, the "Structural Reform Support Programme" (SRSP) with a budget of €142.8 million over the years 2017-2020. This programme entered into force in May 2017, and notably requires no co-financing from Member States. In addition, a Member State can decide voluntarily to redirect funds from its own technical assistance budget under the European Structural and Investment Funds to be managed by the Service.

As regards healthcare, requests for technical support in this area fall under the "Labour Market, Health & Social Services" thematic cluster, which accounted for 29% of all requests received in 2017 and 24% in 2018 from the SRSS. Mr. Paoli presented some statistics showing how the amount of requests for technical support has rapidly increased over the last year together with the average project size in terms of allocated resources, while at the same time the application process has become more competitive, with a 25 pps. decrease in the rate of approved requests for technical support in 2018 vis-à-vis 2017.

Mr. Paoli illustrated several examples of possible thematic areas eligible for receiving SRSS support in the field of health care, ranging from assistance with the management of the geographical distribution of health workforce, to help with establishing a national HTA capacity function and assistance with the development of more sophisticated pharmaceutical pricing and reimbursement policies.

In the area of HSPA, Mr. Paoli presented the example of an ongoing technical assistance project that is being carried out for the Ministries of Health in Latvia and Slovenia, in which the SRSS is supporting national authorities in their efforts to develop and implement tailored frameworks to assess and monitor the performance of their health systems. Support measures consist of training sessions, studies and analyses to identify appropriate indicators for each dimension of their HSPA frameworks, and initiatives to involve relevant stakeholders in the implementation of the assessments.

Through this technical support, the SRSS contributes to improve the capacity of Latvian and Slovenian Ministries of Health in assessing the performance of their health systems, in view of improving it.

Mr. Paoli concluded his presentation by providing a recap of the main features of the technical support provided by the SRSS to Member States, and by providing references for further details on the service.

The next deadline for submission of requests for technical assistance will be in October 2018. This gives the interested Member States time for thorough analysis of their needs and for possible preparing of their proposals for support.

8. CONCLUSIONS OF THE MEETING

The next HSPA Expert Group meeting will take place on 28 June in Lisbon, Portugal.