Opinion on Benchmarking Access to Healthcare in the EU

EXPERT PANEL ON EFFECTIVE WAYS OF INVESTING IN HEALTH

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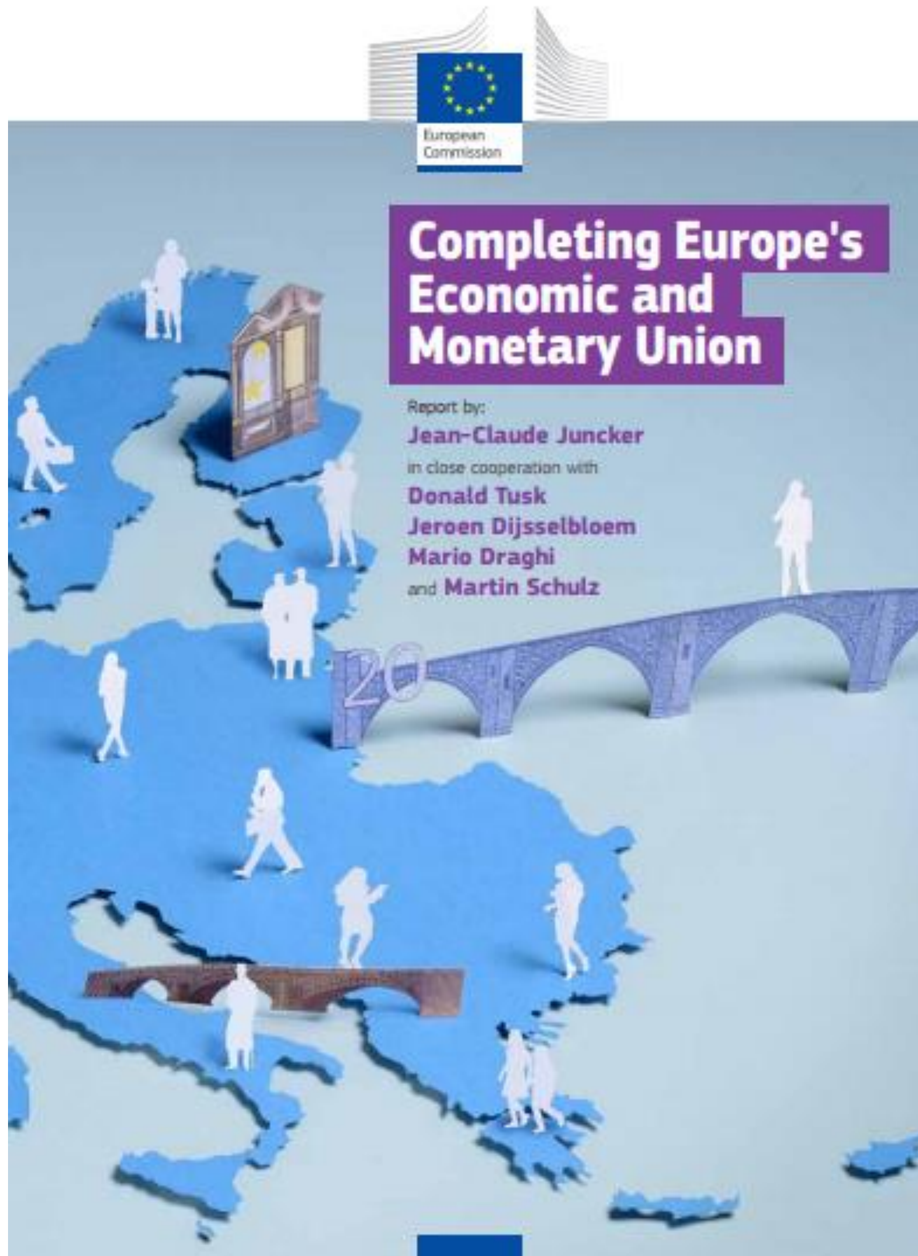


Background

- Annual Growth Surveys for European Semester (which set out EU priorities to boost growth and job creation) increasingly acknowledge importance of access to healthcare
- Expert Group on Health System Performance Assessment is expected to focus attention on access to care
- EXPH showed that rates of unmet need for health care was an increasing problem in the EU and set out options to maximise added value of EU action
- European Pillar of Social Rights is accompanied by a ‘social scoreboard’ which will monitor the implementation of the Pillar by tracking trends and performances across EU countries in 12 areas - one of which is healthcare (unmet need for medical care)

Terms of reference

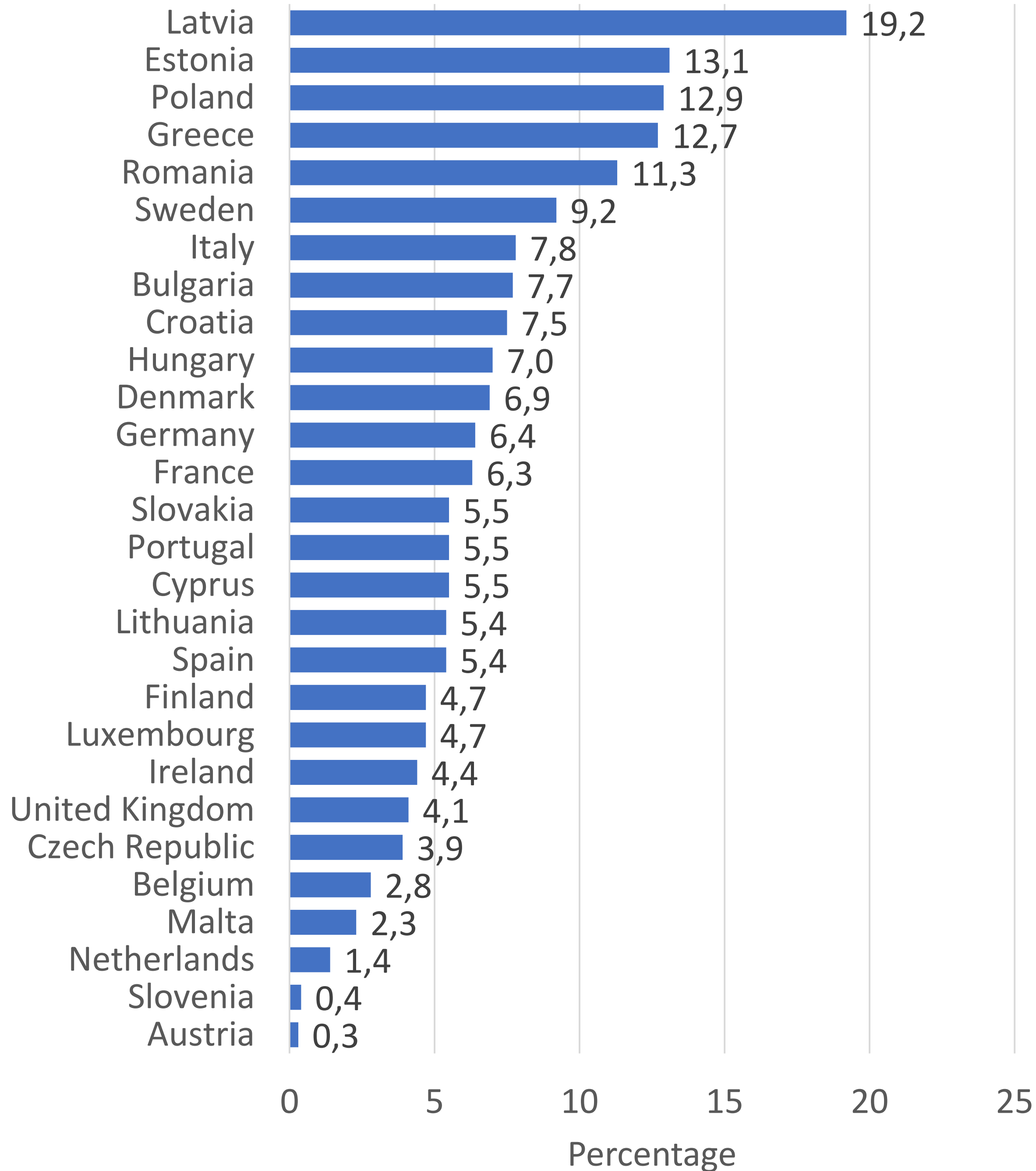
- Propose a quantitative benchmark/target on access to healthcare based on an indicator of unmet need for medical care. A target for the EU and a target which can be adapted to the context of each Member State should be proposed.
- Propose a qualitative benchmark, based on principles and policy levers that can be operationalised, to improve access to healthcare in the EU Member States.
- Discuss the possible utilization of EU funds and/or other mechanisms to support the improvement of access to healthcare according to the benchmarks proposed.

Defining need

- “the ability to benefit from health care”
- However, this is problematic
  - It requires (expensive) epidemiological surveys to identify illness
  - Then to determine whether there is an effective health care intervention
  - Then to discover if there are any contra-indications
- So it can be done, but only in context of research study
- Pragmatically, the next best think is to survey perceived unmet need
- Not ideal, but at least it is possible and the data exist

Question on unmet need for health care in EU-SILC data

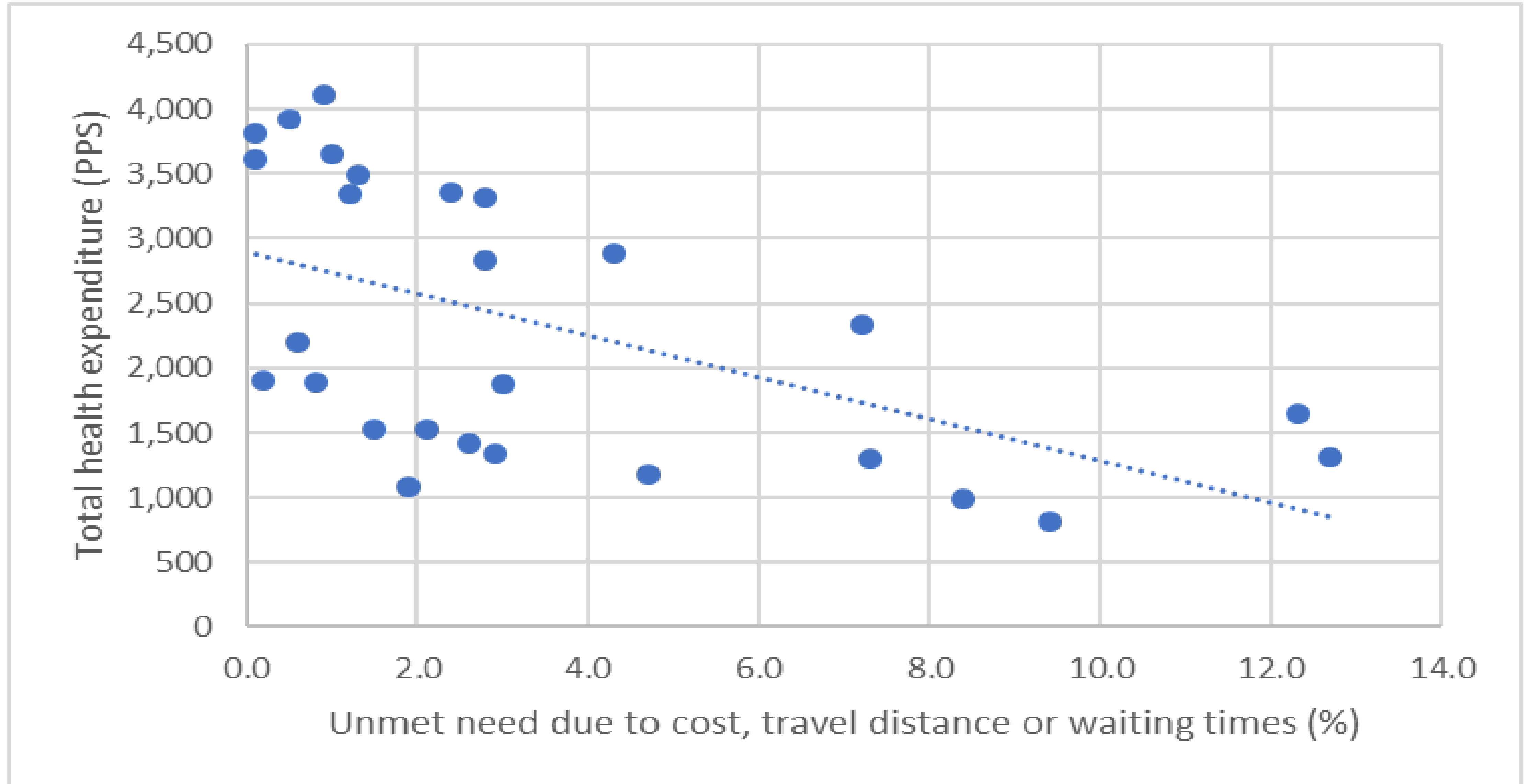
- **Was there any time in the last 12 months when, in your opinion, you personally needed a medical examination or treatment for a health problem but you did not receive it?**
  - 1. Yes
  - 2. No
- **What was the main reason for not receiving the examination or treatment (the most recent time)?**
  - 1. Could not afford to (too expensive)
  - 2. Waiting time
  - 3. Could not take time because of work, care for children or for others
  - 4. Too far to travel/no means of transportation
  - 5. Fear of doctor/hospitals/examination/ treatment
  - 6. Wanted to wait and see if problem got better on its own
  - 7. Didn't know any good doctor or specialist
  - 8. Other reasons



Unmet need (2015) by Member State

Source: EU-SILC

Unmet need and total health expenditure, 2014



Principles for choosing a target

- Specific, targeting area for improvement
- Measurable, so they can be quantified
- Assignable, so someone has responsibility for them
- Realistic, and achievable
- Time-related, so we know when they should be completed

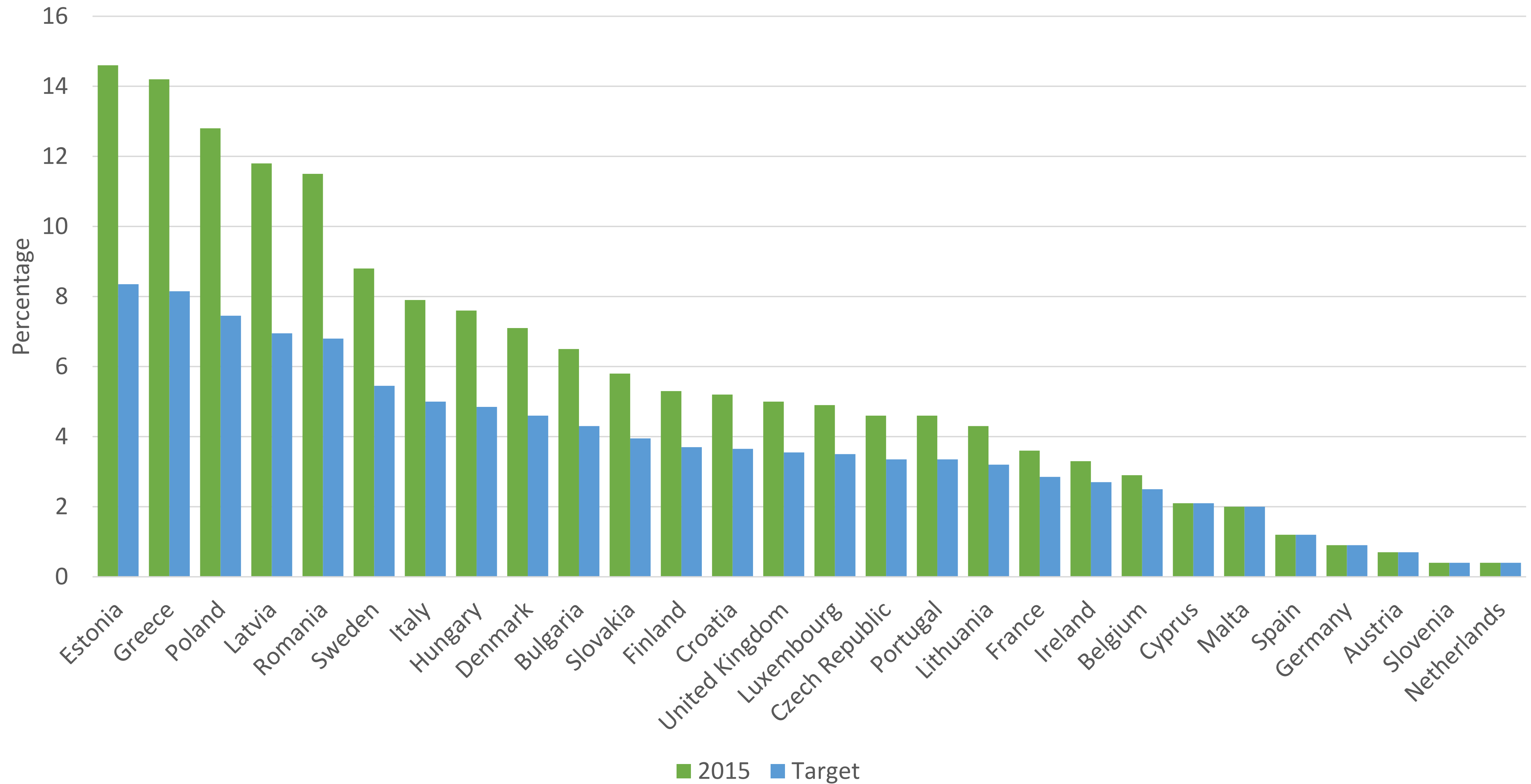
- Given importance of convergence, target should be close to what is the best performance in the EU
- But need to be realistic, given very large existing differences
- And also sufficiently ambitious
- To achieve best results everywhere by 2025 requires progress 2.3 times faster than at present

Our proposal for an initial target

- Target is the median value achieved by best performing tercile (or quartile/ quintile) of Member States
- Aim to close gap by 50% over 3 years
- However, the choice of figures is political, not technical

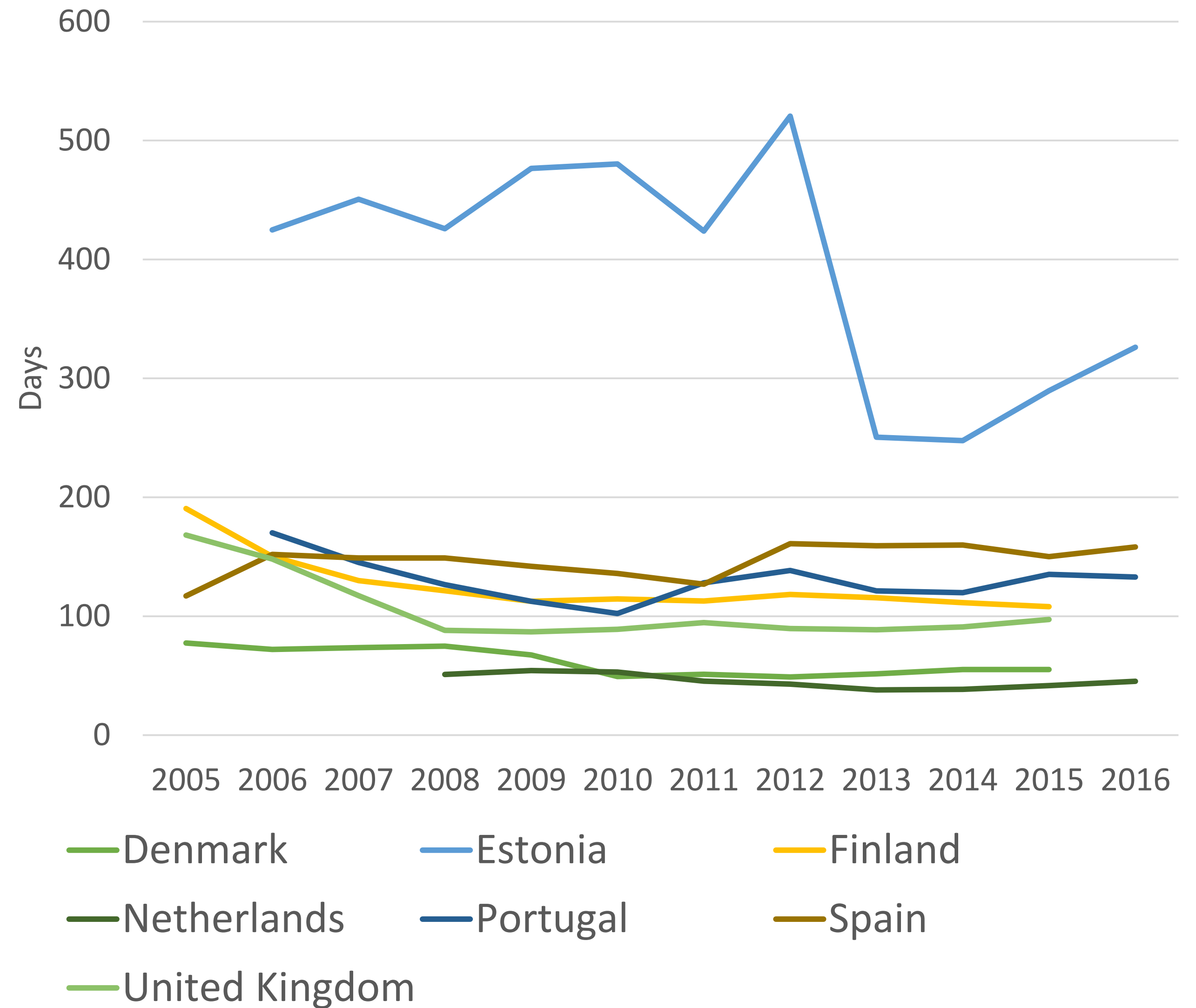
- So could be to close gap by 75% over 5 years, for example

Target to be achieved

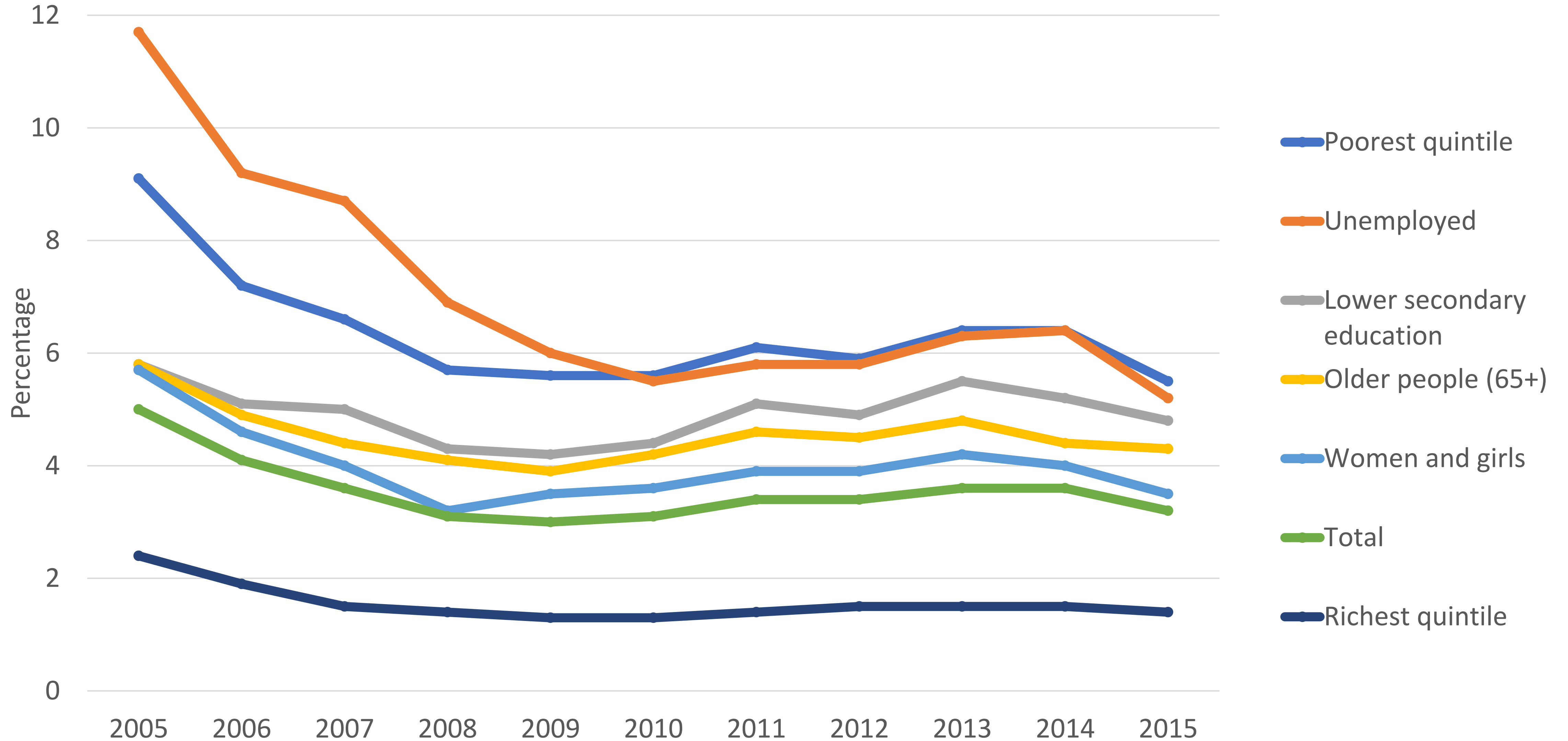


Second level indicators

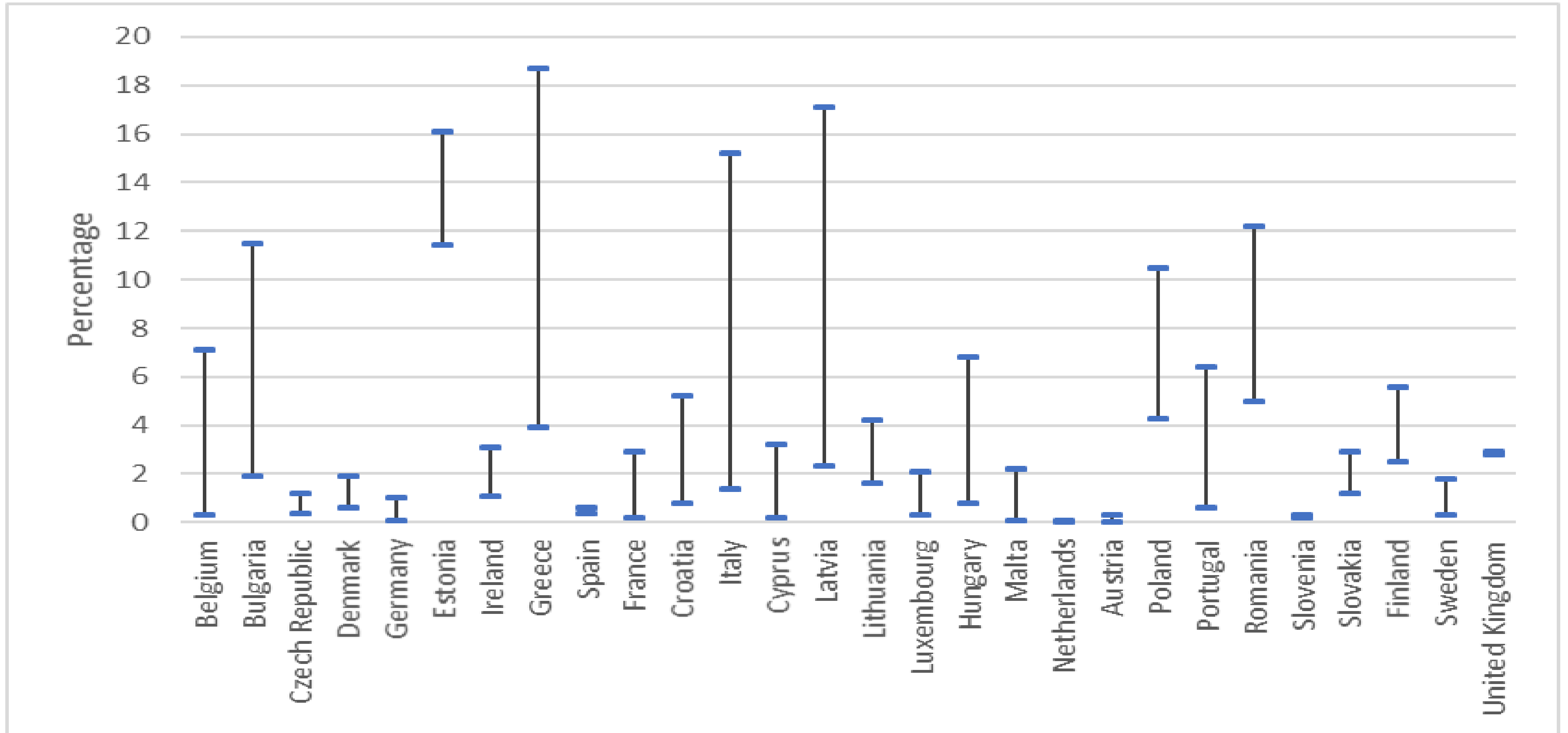
- Affordability
- Availability and accessibility
- User experience (proxied by waiting times)



Inequalities within Member States



Percentage of respondents reporting unmet need due to care being too expensive, too far to travel, or long waiting list, by income quintile (2015)



Our proposal

- Member States should determine, in accordance with national context, which inequalities they will focus on
- This will inevitably vary, but likely to include age, gender, education, ethnicity (with choice of ethnic groups determined nationally)
- Other factors could include language, urban/rural habitation
- Reports should be published

Additional data collection

- Expansion of surveys already undertaken in some but not all Member States
  - e.g. Survey of Health, Ageing & Retirement in Europe
- Expansion of health element of existing surveys
  - EU-SILC
- Studies of tracer conditions
  - Common conditions whose effective management requires co-ordinated inputs from multiple elements of the health system (e.g. diabetes)
  - Commonly illustrate barriers to obtaining care for particular groups

Qualitative measures

- Development of a self-assessment tool
- Designed to capture policy relevant inequalities, as prioritised by each Member State
- Should take account of existing, known inequalities and those emerging, including precarious and new forms of employment
- Linked to policy actions

Opportunities for EU action

- Funding:
  - European Structural and Investment Funds
- Better information:
  - Support for enhanced data collection
  - Support for strengthened analytic capacity
- Exchange of best practice
  - ERA-NET
- Improved access
  - European Reference Networks