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

19TH MEETING

26 SEPTEMBER 2019, 09:00 – 13:30

RTD ROOM ORBN 05/A066

SQUARE FRÈRE-ORBAN 8, BRUSSELS

MEETING MINUTES

Participants: Austria, Belgium, Croatia, Cyprus, the Czech Republic, Estonia, Finland, France, Hungary, Ireland, Italy, Lithuania, Malta, Norway, Poland, Portugal, Romania, Spain, Sweden, the European Observatory of Health Systems and Policies, OECD, the Committee of the Regions, the European Commission

* * *

1. OPENING OF THE MEETING

The Member States co-Chair Kenneth Grech (Malta) opened the meeting. The Expert Group adopted the minutes from the previous meeting (5 June 2019 in Valletta, Malta) and the agenda of the current one.

2. REPORTING ON HSPA COUNTRY EXPERIENCES

Elena Andradas Aragonés (Ministry of Health, Consumer Affairs and Social Welfare) presented the ongoing work of the Spanish Ministry of Health on building a health system performance assessment framework in Spain. The Spanish health care system is decentralised – each of 17 autonomous regions is mainly responsible for organising and providing health care; the role of central administration is to the great extent a co-ordinating one. Such composition of the system means that the majority of data is created and recorded at regional level. Therefore, ownership of information in Spanish health care system is shared between regions and national level, so the way the performance assessment is built needs to reflect this. The health care system relies on universality, equity, efficiency and quality. Health authorities, professionals, citizens and health associations provide and use data. Ms Andradas Aragonés explained that the next steps towards building a HSPA framework in Spain consist in a review of key indicators in the health care system, a review of the HSPA conceptual framework to be used for the analysis, a selection of the main set of key indicators, and the initiating the production and publication of annual reports.

Claudia Dima (National Institute of Public Health – NIPH) presented a road map for establishing an HSPA framework in Romania. The process of assessing performance of health care in Romania

has started recently and is still in its initial phase. The NIPH will play crucial role, with a working group that will centrally steer the process established in this institution. A co-ordination/advisory committee is another new body that will be created. Deciding on the components of the framework (like prevention or public health) will be followed by identification of the main stakeholders. Question of the level of assessment is still open, with possibilities being institutional, local, district or national. The decision on the main objectives of the HSPA framework will determine its features and domains. Development of methodology, including indicators, collection and analysis of data or links with health policy will follow. Communication strategy (i.e. a method of reporting of performance assessment results) is another important element of this exercise. Current plans envisage that the first Romanian HSPA report will be published at the end of 2020. Romanian authorities are aware of the fact that the framework they intend to create will have to fit the national context but are open to co-operation with other Member States and keen to receive support from international organisations and bodies.

Kimmo Parhiala (National Institute for Health and Welfare) presented a review of how the economy of wellbeing (EWB) and HSPA are framed within the Finnish context. In Finland, EWB means that public resources are allocated for improving people's wellbeing. Wellbeing means that people are healthier, more innovate and productive, and they work and pay taxes. The Finnish HSPA process started in 2017, and aims at assessing performance of all 18 regions of the country. It is a wide analysis using an array of 470 indicators. After analysing performance, dialogues with regions take place in order to make improvements. EWB in the Finnish context means, inter alia, an analysis of real and perceived barriers in access to health and care services; of perceived quality of care in different income groups, risk of depression among high-risk groups, and the effects of long-term unemployment on people's health. In the continuum of inputs, processes, outputs, outcomes, the EWB relates to the last phase – that is, the impact that functioning of the system has on peoples' potential. Measuring the economy of wellbeing needs qualitative data obtained by surveys, which makes the process of data collection costly and at risk of bias. The multidimensional EWB means that the measurement of various aspects relating health – e.g. mental health, substance abuse and social services for adults (including employment support) are looked at together during the performance assessment. This is also the case of services for children, the youth and families. Assessing the EWB implies using metrics such as the percentage of people with low-level education who believe their health will allow them to work until retirement, or the proportion of the unemployed who benefit from health check-ups dedicated for this social group. Using EWB – inspired indicators in dialogue with regions is a challenge, as well as it is to link resources used and their impact. These are only some examples of weaknesses of including economy of wellbeing in HSPA. On the other hand, EWB is policy relevant and puts emphasis on equity. What is more, impact indicators tell more about performance than the outcome ones do. In the future, measurement should focus more on aspects important for the individuals and the society. There is a need for combining better input, outputs, outcomes and impacts. Finally yet importantly, assessment of performance should include not only health but also social services.

3. MEASUREMENT AND ASSESSMENT OF HEALTH SYSTEM RESILIENCE

Marina Karanikolos (European Observatory of Health Systems and Policies) debriefed members of the Expert Group on the main discussion points and takeaways from the Policy Focus Group (PFG)

on measuring and assessing the resilience of health systems, which took place on the previous day (25 October 2019) under the steer of the European Observatory.

The first part of the PFG saw experts engage in a discussion relating the practical use of the concept of resilience in their respective countries' health system. Members were asked to 'rate' their respective national health systems' focus on assessing resilience capacity to shocks according to their predictability, severity and scope/specificity. The results of the mapping exercise, which revealed a significant spread in the positioning of countries along these three dimensions, were used to guide and facilitate a discussion for the following part of the PFG, which had country experts discuss and develop a list of characteristics and preconditions deemed necessary for a health system to be assessed as resilient.

Based on this reflection, country experts were then asked to provide real examples of features of their country's health system that can be considered as resilience enhancing, as well as examples of factors that either made or have the potential to render their country's health system more vulnerable and/or exposed to shocks.

The third and last part of the PFG had country experts work in groups to develop a possible list of metrics and specific health system characteristics (both quantitative and qualitative) that highlight aspects of resilience in a way that allows it to be measured. Based on the metrics and health system features proposed by each group, country experts engaged in a final discussion steered by experts from the European Observatory on strategies for strengthening health system resilience.

Federico Pratellesi (DG SANTE) presented the preliminary findings of the survey conducted by the Expert Group on tools and methodologies to assess health system resilience. After having provided an account of the main decisions taken by the Expert Group as per the structure and main inputs to the report at its previous meeting in Valletta, Mr Pratellesi presented a recap of the design of the survey developed by the Secretariat together with members from the resilience sub-group. The working definition of health system resilience that was supposed to be used as a baseline by respondents was briefly presented once again before delving into the analysis of preliminary findings from the survey, which yielded a response rate of 55% at the time of the presentation. After having invited members of the Expert Group who had not done so yet to submit their response to the survey as soon as possible, Mr Pratellesi presented the results for each section of the survey, which was structured along these main questions:

a. Have European countries defined/operationalised the concept of resilience in their health systems?

b. Do European countries assess the resilience of their health systems? If so, what is the scope of their assessment?

    - Do European countries assess their health systems' different resilience capacities (preventive, absorptive, adaptive, transformative)? If so, how?
    - Do European countries assess their health system's resilience to specific types of 'shocks' and 'structural changes / stresses'? If so, how?

c. What metrics / indicators do European countries use to assess the resilience capacity of their health systems?

d. What are the objectives of the assessment, and how are results used by governments to strengthen their health systems?

An account of the country case studies collected via the survey (through which survey respondents were asked to document cases of strategies, policy designs and processes implemented at the national, regional or local level to increase the resilience of health systems) was also presented to the group.

Lastly, Mr Pratellesi presented the updated project timeline for the development of the Expert Group's report, which foresaw an extension of the deadline to 16 October 2019 for countries to submit their responses to the survey. According to the plan, a draft version of the first three chapters of the report will be circulated one week in advance of the next meeting of the Expert Group, which is going to be hosted by Slovenia on 12 December 2019 in Ljubljana. At the December meeting, the Secretariat will present and gather feedback on the report's first draft, and propose a selection of country case studies for inclusion in the final report, which is going to be discussed and validated by members of the Group. Members will then have the possibility to provide comments to the report in writing for a period of six weeks after the December meeting. The second, semi-final draft of the report will then be sent to members of the Group one week ahead of the following meeting, which is scheduled to take place in February 2019 in Brussels.

4. AOB

Aleš Bourek and Martin McKee (Expert Panel on effective ways of investing in health) presented the Panel's opinion on task shifting and health system design. The Panel's mandate was to answer following questions:

- How to identify and characterize "tasks" suitable for a "task shifting" process?
- What are the main enabling conditions and difficulties/risks that have to be taken into account when defining "task-shifting" measures as part of a health system reforms?
- How to measure the impact of "task shifting" in contributing to the effectiveness of the health system using an evaluation framework to inform decision-making?

The need of shifting tasks between different health professionals, as well as shifting them to patients, informal carers and machines is a result of changing circumstances in which health and care services are provided. It is a consequence of population ageing, changing epidemiology (rise of chronic diseases), technological development or shortages of health workers.

The Expert Panel recommends that:

- The objective being pursued is clearly specified; there is rationale for selecting task shifting as a means to achieve; that objective is explained and the evidence on which the decision is based is presented.
- There should be increased investment in research on task shifting.
- Education and training of health professionals has to convey positive attitudes to interprofessional and team working, it has to provide skills necessary for task shifting and it has to give opportunities to gain experience in this kind of collaboration.

- Task shifting will not be possible without dialogue with those affected, conducted in order to understand their fears and reservations.
- This process needs to be monitored and modifications have to be implemented, when necessary.
- Unjustified legislative and regulatory barriers to task shifting should be removed.
- Shifting task to non-professionals (patients and informal carers) has to include their goals, expectations and capacities.
- It has to be very well planned, including impact on those concerned.

Luigi Siciliani (Expert Panel on effective ways of investing in health) presented the Panel's opinion on value-based health care. The Panel's mandate was to answer following questions:

- How to define value in value-based health care
- How to inform health care decision making to become more effective, accessible and resilient

Mounting pressure on health policy-makers and health systems to spend in a wise way calls for looking for options of allocating funds where they can bring the best value. The evidence, like OECD's report on wasteful spending shows that many financial decisions in health sector are not optimal. Value-based health care approach seems to be the right one to improve financial policy.

Value in health care has four dimensions:

- Personal – perspective of patients
- Technical – achieving best possible results with available resources
- Allocative – distributing resources in an equitable manner between all groups of patients
- Societal – contribution of health care to social participation and connectedness

The Expert Panel recommends:

- Creating greater awareness of health as an essential investment in an equal and fair European society ("health is wealth").
- Developing a long-term strategy for a step-by step value(s)-based approach towards change of culture.
- Supporting methodologies on appropriateness and unwarranted variation.
- Encouraging health professionals to take responsibility and feel accountable for increasing value in health care.
- Support creation of Learning Communities to bring together expertise, experiences and practices.
- Supporting initiatives for patients' engagement in shared decision-making, recognising the importance of patients´ individual goals, values and preferences, informed by high quality information.

5. CONCLUSIONS OF THE MEETING

The next meeting of the Expert Group will take place in Ljubljana (SI) on 12 December 2019.