



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

9TH MEETING

24 MARCH 2017, 09:30-16:30

VENUE: ALBERT BORSCHETTE CONFERENCE CENTRE, ROOM 4.D

BRUSSELS

MINUTES

Participants: Austria, Belgium, Estonia, Finland, France, Germany, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Slovakia, Slovenia, Spain, European Observatory, OECD, WHO Europe, European Commission.

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1. OPENING OF THE MEETING

The Chair opened the meeting, welcomed the participants and praised the report on the assessment of integrated care; congratulations were extended to all Group's members. (http://ec.europa.eu/health/sites/health/files/systems_performance_assessment/docs/2017_blocks_en_0.pdf)

The Group approved the agenda of the meeting.

2. ASSESSMENT OF INTEGRATED CARE

The Chair invited Group's members to reflect on how to disseminate the findings of the report on the assessment of integrated care and how to make sure it can positively impact on policy-making.

The following discussion highlighted several proposals, including: the production of a short abstract that could be used in different events, possibly translated in all EU languages; the presentation in the newsletter of DG SANTE, and possibly in similar communication tools adopted by national administrations; the production of articles and editorials in scientific

journals; the involvement of the scientific community. The Secretariat offered support to develop the proposed activities.

Moreover, Hungary announced a seminar that will take place in Budapest with experts from this Groups and national authorities, to discuss the recent first national HSPA report and to brainstorm on the improvements to include in the second edition. The Chair confirmed the Group's interest in promoting this kind of tailored events.

Then Sjlia Kimmel and Jekaterina Demidenko (Estonia Health Insurance Fund) presented their national experience in implementing and assessing integrated care. The presentation touched upon the implementation of integrated care in the last years, with the support of the World Bank, and analysis of key performance indicators, bringing several examples.

The Estonian presentation gave an overview on the objectives of the reform, the main problems encountered and the strategies to solve them. It also included indications of the way forward. Several Group's members intervened in the following debate with remarks and questions on methodology and interpretation of the results.

Filip Domański (DG SANTE) presented forthcoming integrated care activities at EU level. He provided an update on the study on integrated care assessment (financed by the third health programme), on the State of Health in the EU cycle, and on SANTE's participation to the 17th International Conference on Integrated Care, which will take place in May in Dublin.

In the following discussion, Group's members stressed the difficulty to assess cost-effectiveness of integrated care, and called for attention in ensuring the highest complementarity between the study and the work done by this Group.

3. ASSESSMENT OF PRIMARY CARE

Michael van den Berg (RIVM Netherlands) presented the work carried out by the subgroup on the assessment of primary care and invited Group's member to reply to the ongoing survey to collect national experiences in primary care performance assessment. He pointed at the specific features of this Group's approach, making clear that this does not overlap with other main players. On the contrary, our work will fit and complement those developed by international organisation.

The following discussion touched upon the scope of the policy focus group that will take place in September (members are invited to provide their views), the complementarity with the work of the expert panel, which is currently preparing an opinion on this topic. It was made clear that the survey can be replied at national or regional level (according to a case-by-case approach based on relevance). The OECD confirmed its engagement in providing the most timely data and analysis to feed into the work of this Group.

Andreia Jorge Silva da Costa (Ministry of Health, Portugal) presented the national experience in implementing and assessing primary care. The provision of primary care is ensured by primary health care groups, which take different forms: family health units, customised health

care units, community care units, public health units, and units of shared assistance resources; the total number has steadily increased in the last years. Indicators such as the number of e-prescriptions and the number of diabetes patients registered in primary health care show a reduction in unnecessary use of care and a higher efficiency in care delivery. Similar indicators were shown with regard to different areas of primary care: CVDs, mental health, respiratory diseases, cancer (screening), AMR, nutrition, etc.

Beate M. Huseby (Ministry of Health, Norway) presented the national experience in assessing primary care. Norway has in place four different primary care assessment systems. Statistics Norway (SSB) dates back to 1995, then in more recent years the Norwegian Institute of Public Health started producing indicators, and was followed by the National Quality Indicator System (NQIS). The most recent system was launched the first working day after this meeting (27 March 2017): SAMDATA, which provides comparative data on municipalities. This new system is closely related to the establishment of a new primary care register (KPR) and experiments on linking data between primary and specialist care; it focuses on differences among municipalities (with explanations) and includes indicators on patient pathways.

4. HSPA HORIZONTAL APPROACH

Elke Jakubowski (WHO Europe) updated on WHO's activities in HSPA, which focuses on the health system as a whole to monitor achieved results along system's goals, objectives and health and wellbeing outcomes. In November 2016 the WHO launched a new programme of work on HSPA, noting that the Sustainable development Goals may provide further impetus. Health system monitoring is critical for the prevention of escalation of AMR and helps focus on outcomes and better governance. Three main work streams in the future will be: core list of HSPA indicators, snapshot of HSPA, and collaboration with countries on HSPA.

Sarah Thomson (WHO Europe) gave an overview on monitoring of financial protection in Europe, which still represents an area with important data and knowledge gaps. Financial protection should be addresses together with unmet needs to have a comprehensive picture of universal health coverage. Financial protection is measured by focusing on out-of-pocket payments (OOPs) and assessing their impact on living standards; it can measure impoverishing OOPs and catastrophic OOPs, using existing data from budget surveys. Evidence from EU countries shows different levels of catastrophic and impoverishing OOPs, both across countries and between income quintiles.

5. EXPERT GROUP WORK PROGRAMME AND ADVOCACY

The Chair provided feedbacks of the discussion that took place in the Council working party on public health at senior level on the 3rd of February, where the delegates expressed their preference for the Group to focus on efficiency and resilience of health systems as next priority topics. Group's members noted the difficulty to properly define and address these topics, but agreed on their importance; they also pointed at the consistency to tackle the two topics after each other, given they touch similar areas. The Group therefore agreed to focus its

work on tools and methodologies to assess efficiency in 2018, and resilience in 2019. The secretariat will provide by June a scoping paper to facilitate further reflections and allow the set-up of a first draft work-plan.

Finally, the Group reflected on how to ensure a more effective communication towards the Council working party on public health at senior level and the political level in general. The Group noted that more attention to promoting the outcomes of HSPA is needed, and therefore agreed to select a small set of key points to be communicated, highlighting the broader impact that good HSPA can have on the health system, in terms of quality, effectiveness, and efficiency. The Secretariat will produce graphic communication material to serve this purpose.

6. CONCLUSIONS OF THE MEETING AND SCHEDULING OF FUTURE MEETINGS

The Group approved the request from the Committee of the Regions to have an observer seat.

The next meeting of the Expert Group will tentatively take place on the 8th and 9th of June in Luxembourg. It will include a joint session with the Expert Group on Health Information.