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

18TH MEETING

5 JUNE 2019, 09:00 – 17:00

PALAZZO CASTELLANIA,

15, MERCHANTS STREET,

VALLETTA, VLT 2000

MEETING MINUTES

Participants: Austria, Belgium, Cyprus, Czech Republic, Estonia, Germany, Hungary, Ireland, Italy, Luxembourg, Malta, Norway, Poland, Portugal, Romania, Slovenia, Spain, Sweden, European Observatory on Health Systems and Policies, WHO Europe, European Commission.

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1. OPENING OF THE MEETING

The co-Chairs of the Expert Group on HSPA (Dr Kenneth E. Grech, Malta and Sylvain Giraud, DG SANTE) welcomed participants to the 18th meeting of the Expert Group. The minutes from the previous meeting (19 February 2019 in Brussels) and the agenda for the day were adopted without changes.

Dr Denis Vella Baldacchino (Chief Medical Officer, Maltese Ministry for Health) welcomed participants to the meeting on behalf of the Deputy Prime Minister. In his introductory speech, Dr Vella Baldacchino gave an account of the process that led to the development of the first health system performance assessment (HSPA) exercise in Malta in 2015, highlighting how this process has been instrumental to fostering various performance improvements throughout the Maltese health system. Areas for improvement detected thanks to the HSPA process set strategic direction for steering policy and designing intervention by the Health Ministry, which is now working on finalising the second iteration of the assessment.

On behalf of the Group, Sylvain Giraud, DG SANTE, thanked Dr Baldacchino and the Ministry for hosting the meeting as well as Kenneth Grech and his colleagues for organising it so well.

2. ASSESSMENT OF RESILIENCE

Federico Pratellesi (DG SANTE) presented a tentative proposal for a work plan on the Expert Group's thematic report for 2019, which is going to focus on developing tools and methods to assess the resilience of health systems in Europe. The presentation featured a detailed breakdown by chapter of the report's structure and functional plan, an explanation of the proposed design of the resilience survey (of which members received a draft in advance of the meeting), and a proposal for a theme for a possible Policy Focus Group (PFG) to be held in October. The report will generally consist of (1) a review of the theory of health system resilience, (2) an analysis of survey results, and (3) insights derived from the PFG. The report's conclusions and recommendations will draw on the output of all of these elements, with the objectives of (1) indicating opportunities to develop better tools and methodologies to assess health system resilience, and (2) determining whether there are any policy advantages from integrating resilience as a standalone HSPA dimension. Lastly, Mr Pratellesi presented a brief account of the project timeline and the main deliverables/deadlines.

Following the presentation, members of the Expert Group engaged in a discussion aimed at proposing ways to improve and clarify the content and structure of the proposed work plan. Several members provided comments on the importance of developing the Group's work based on a definition of resilience that has clearly defined boundaries and is at the same time broad enough to cover aspects related to prevention, preparedness and (possibly) non-healthcare related factors contributing to nurturing health system resilience (e.g. social policy).

Members also commented on the need to indicate whether the definition of resilience upon which the report will be based should encompass resilience to 'fast' shocks (.e.g. disease outbreak) as well as 'slow-burning' stresses (e.g. the increased chronic disease burden resulting from demographic changes), or if the definition ought to be limited to the former type of shocks. Some members also commented on the difficulty of classifying disruptions between the two categories, as health system resilience to some 'fast' shocks can be driven by 'slow' variables (i.e. health workforce supply) and vice versa. Lastly, members discussed about the levels at which disruptions occur, and reflected on how different conditions enabling the resilience of health system entities at the lower level of analysis (e.g. hospitals) can influence the resilience of a health system as a whole.

Some members of the Group noticed that the draft work plan by the Secretary put forward a proposal for an annex to the report listing a set of health system resilience metrics. This proposal had some members request further clarification on how this list would be compiled (including which inputs would be used). The Secretariat responded by saying that, in practice, the creation of this annex would be conditional on the capacity of the report's content to offer a sufficient amount of information from which such list could be distilled. Since it is fair to assume that several assessment areas would not be covered by readily available indicators, the group could consider the idea of categorising metrics in two distinct groups based on their feasibility. The selection of indicators labelled 'for development' in such an annex would thus constitute a possible agenda for further research into resilience metrics in the future.

Members of the Group also exchanged views on the draft questionnaire developed by the Secretariat based on an initial brainstorming session by the resilience sub-group in end March. The Chair concluded that health systems' resilience is a particularly challenging dimension for which a systematic assessment approach needs to be adopted. Combined with the fact that resilience is a

relatively new topic to the domain of health systems performance assessment, it may be fair to assume that the report's analysis output may end up asking more questions than finding answers. In order to allow the content of the report to reflect possible variation in how countries conceive health system resilience in Europe, the Chair prompted members to interpret the analysis framework provided by the Secretariat as a general framework which does not need to be followed too strictly, especially in their replies to the survey.

Lastly, Dr Karanikolos and Dr Cylus (European Observatory on Health Systems and Policies) presented their proposal for a theme of the PFG, which was titled "*Health system resilience: a concept in own right or a sum of parts?".* The outline proposed will see country experts identify domain overlaps with other HSPA areas as a means to narrow the scope of the concept. Country experts would then engage in a reflection on how different types of shocks can affect health systems, as well as on opportunities to devise resilience metrics and on the suitability of current HSPA frameworks to assess health system resilience. Lastly, the PFG will see country experts try to identify measurement gaps and consider possible future work that may help to monitor health system resilience.

The Expert Group agreed for proposed topic of the PFG. It will take place on 1 or 2 October 2019 in Brussels.

With regard to the consultation on the design of the questionnaire, members of the Expert Group members will have time until 14 June 2019[1] to provide their comments to the draft. The Secretariat will then produce a second, final version of the questionnaire taking into account members' suggestions for improvement as much as possible, and send it out to be filled out by members of the Group.

3. REPORTING ON HSPA COUNTRY EXPERIENCES

Beatrice Farrugia (Ministry for Health, Malta) presented the preliminary findings of the second iteration of the Maltese HSPA exercise. Dr Farrugia explained that one of the new advantages of the second assessment round relative to the first one consisted in the possibility to compare the results with those from the previous report, allowing for an investigation of performance trends for a significant share of the indicators featured in the analysis. For instance, some of the data presented revealed how some policy interventions implemented by the Ministry of Health in the past years contributed to a reduction of waiting lists for inpatient care.

Following the presentation of the interim results, member of the Expert Group inquired Dr Farrugia about the data used for the assessment, including its comparability, possible edits to the formulation of indicators' between the two HSPA iterations, data ownership and frequency of data collection. In response to concerns over comparing trends in childhood mortality rates in Malta compared to those of other EU countries, Dr Farrugia explained that analysts decided to compute and use a 3-year moving average for Malta as a means to mitigate the high short-term variance stemming from a small population. It was also mentioned that thanks to projects such as the WHO Regional Office for Europe's *Small countries initiative*, more effective solutions to these methodological concerns

[1] Deadline postponed to 21 June by the Secretariat to meet the needs of some members of the Group

may be developed in the future. To enable comparison of results between the two HSPA assessment rounds, analysts decided to retain, to the extent possible, the same formulation of indicators used in the first edition of the HSPA exercise.

Data used for the assessment was collected from various sources external to the Ministry of Health, including health providers or the Ministry for the Family, Children's Rights and Social Solidarity, and international databases (e.g. the OECD Health stats database). The frequency of the data collection varies considerable based on each indicator – data for some 'slower' indicators is updated every two years, while other measures can receive a data update on a monthly basis. Depending on needs expressed by analysts involved in the preparation of the HSPA report, some data can also be gathered on an ad hoc basis.

As Dr Baldacchino mentioned during his welcome speech, Dr Farrugia reiterated that the primary aim of HSPA is to contribute to policy-making by providing analytical backing to the design of more sophisticated policy interventions. As a result, the interpretation of some indicators may be influenced by specific policy goals defined *a priori*. For instance, the interpretation of trends of specific indicators that do not have a clear polarity (e.g. hospital bed occupancy rates) required analysts involved in the HSPA exercise to evaluate an *ad hoc* basis whether the trend observed was to be considered as 'positive' or 'negative' based on a broader set of contextual information.

Jan Olmiński (Ministry of Health, Poland) gave an overview of use of the Maps of Health Care Needs (English version available via the HSPA Secretariat) for policy-making. Mr Olmiński explained that there are two types of maps – for disease groups and for hospital treatment. Both are developed either on regional and on national level. Apart from assisting the decision makers when providing the society with the adjusted healthcare services, the maps enable proper planning of investments in health. They can also serve as a tool for patients to choose which providers to use within the public health system. Moreover, these maps also support the authorities in planning health policy (e.g. concentration of certain services in order to improve their quality). In the future, the process of collecting and analysing data is to be automatized, whereas significance will be attached to drawing conclusions and setting recommendations. The maps go further than presenting needs only from health system's point of view and add a social dimension. Data on out-of-pocket (OOP) expenditure on certain services will also be used as an indicator of patients' needs.

Dr Pascal Meeus (RIZIV-INAMI, Belgium) presented Belgium's recently published HSPA report, which focused on an analysis of medical practice variations. Information from the report is used inter alia to discuss with health professionals on ways of improving functioning of the health system in Belgium. The report has three components: health status of the population, non-medical determinants of health and health system. The latter is assessed using four dimensions i.e. quality, accessibility, efficiency, sustainability and the fifth (transversal one) – equity. All data is publicly accessible on-line. Appropriateness of care and medical variation are important indicators of the health system's functioning. When variation is unjustified (i.e. results from provision of insufficient or excessive services) it indicates inequitable access to evidence-based medicine.

The ensuing discussion on use of HSPA results for policy-making prompted some reflection relevant for the Expert Group's decision on the choice of priority topics to be covered in the coming years. Members pointed out that when choosing themes for future work, the Expert Group should bear in mind the usefulness of its work for national authorities responsible for designing and

implementing health policies. The input and involvement of different actors, such as health professionals and patients, in HSPA process needs to be ensured as well.

4. PRIORITY TOPICS OF THE EXPERT GROUP AFTER 2019

Filip Domański (DG SANTE) presented results of the survey on the Expert Group's priority topics after 2019. The list of topics proposed in the survey was a result of discussion during its previous meeting of the Group on 19 February 2019. The topics that gained the most interest were as follows: (1) outcomes/value-based care (including patient centeredness); (2) preventive care; and (3) access (including equity and financial protection).

The delegates agreed that the Expert Group should continue to discuss and document the way HSPA results are used and communicated and how they interact with policy-making; this would be done in addition to the annual 'core' topic. Members were also generally supportive of the idea of considering how each HSPA dimension relates to others - for instance, to explore how strategies aimed at increasing health system efficiency can impinge on accessibility or resilience.

As a result of the discussion, the Expert Group decided on the following order of priority topics for years 2020-22:

- Access (including equity and financial protection) in 2020
- Preventive care in 2021
- outcomes/value-based care in 2022

5. INFORMATION –WHO REPORT ON FINANCIAL PROTECTION

Sarah Thomson (WHO Europe) and Jon Cylus (the European Observatory on Health Systems and Policies) presented the methods and findings of a new WHO report "*Can people afford to pay for health care? New evidence on financial protection in Europe*". The study draws on contributions from 24 WHO Europe (18 EU) countries, and shows the great variance of financial hardship to which people are exposed in Europe, even in countries that provide access to publicly financed health services to the whole population. The analysis defines the concepts of *catastrophic* and *impoverishing* health spending - the former being an expenditure that is more than 40 % of a household capacity to pay, the latter being an expense that pushes a household below (or further below) a poverty line. Dr Thomson explained that these two types of spending are disproportionately concentrated among the poorest households in all of the countries covered by the analysis and mainly driven by out-of-pocket (OOP) payments for outpatient medicines. Dr Cylus then provided a detailed account of the methodological differences among different existing indicators that are used in the health systems research literature to signify catastrophic spending on health. The analysis of this report uses a novel methodology that, in comparison to the one used in the Sustainable Development Goals, deducts a normative amount for food, utilities and rent from households' total consumption to reflect better reality, as people first cannot escape from these basic expenses before paying for health goods and services. Dr Cylus presented how the latter methodology allows the analysis to better reflect the (greater) impact of OOP expenditure on poorer

households. Lastly, Dr Thomson presented a set of policy interventions that have been shown in the analysis to strengthen or weaken coverage policy and financial protection.

One of the main policy-relevant conclusions from the study is that the countries in which OOP expenditure is (overall) not higher than around 15 % of current spending on health are inherently more capable of protecting people from financial hardship. At the same time, the study recognises that attaining reductions in total OOP expenditure are not per se indicative of improvements of financial protection, as the skewed concentration of financial hardship on the poorest parts of the population implies that the design of coverage policies (besides the composition of health spending) are a fundamental variable.

6. A.O.B. AND CONCLUSIONS OF THE MEETING

The next meeting of the Expert Group will take place in Brussels (Belgium). It will be organised back-to-back with the policy focus group on resilience. Depending on the number of points in the agenda, the meeting will be a half or full day one. The HSPA Secretariat will communicate the exact date. It will be either 1 or 2 October 2019.