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

24TH MEETING

18 FEBRUARY2021, 09:00 – 13:30

VIRTUAL MEETING

MEETING MINUTES

Participants: Austria, Belgium, Cyprus, the Czech Republic, Estonia, France, Germany, Hungary, Ireland, Italy, Lithuania, Latvia, Luxembourg, Malta, Norway, Poland, Portugal, Romania, Slovenia, Spain, the European Observatory on Health Systems and Policies, the OECD, and the European Commission

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1. OPENING OF THE MEETING

The Chair (Maya Matthews, European Commission) opened the meeting. Due to other commitments of the representatives of the Expert Panel on Effective Ways of Investing in Health (EXPH), points 2 and 4 of the agenda (*Measurement and assessment of access to health care* and *Expert Panel on Effective Ways of Investing in Health*) were switched

2. THE EXPERT PANEL ON EFFECTIVE WAYS OF INVESTING IN HEALTH – EXPH

Jan De Maeseneer (EXPH' Chair) and **Heather Rogers** (rapporteur) presented the EXPH's opinion on the organisation of resilient health and social care following the COVID-19 pandemic.

According to the EXPH's mandate, the opinion

- identified the building blocks of resilient health and social care systems;
- explored the elements and conditions for capacity building to strengthen health system resilience;
- addressed health care provision for vulnerable patient groups and how to sustain such provision in a system under stress;
- and set out an approach to develop and implement "resilience tests" of Member States' health systems.

Traditional triad of inputs, outputs and outcomes that make building blocks of health and social care systems was the point of departure of this analysis. Importantly, equity needs to characterise both outputs (e.g. health and social services or responsiveness) and outcomes

(health, well-being and financial protection). Efficiency of organisation that means reducing waste and ensuring cost effectiveness is crucial for inputs and outputs of health and social care systems.

Capacity building to respond to COVID-19 pandemic needs to include numerous elements like anticipation of unplanned events; fostering legitimate and socially accepted institutions, norms and measures; procurement and distribution of necessary resources or sharing knowledge and good practices.

The pandemic showed existence of different types of vulnerable groups. They are not only medically vulnerable people or socially marginalised ones but also some professions that are especially exposed to COVID-19 or those in the population who are vulnerable economically. Tackling COVID-19 means not only provision of care but also testing. These services should be available for all vulnerable groups without additional burdens (e.g. economic or geographical). Mental support for the patients and the carers is of outmost importance. Those who work with the vulnerable groups would profit from specific trainings.

The EXPH adopted the definition of resilience proposed by the HSPA Expert Group in its report published in 2020.

The resilience test toolkit proposed by the EXPH has four components; adverse "what-if" scenarios; menu of key indicators; discussion guide; and assessment scoreboard. The measurement includes five phases; preparation; through collection of quantitative and qualitative data; summarising; transformation and actions.

During the discussion that followed, the Expert Group members pointed out that resilience and readiness assessment tools had existed prior to the COVID-19 pandemic. The toolkit proposed by the EXPH was an additional resource but should not replace them (e.g. IHR assessment). Members recognised however, that there were drawbacks with the existing tools. The novelty of the EXPH resilience tool is in the methodology of preparations, including wide stakeholders and in the transformation component, which has actionable recommendations. It is hoped that this would drive required changes in the system.

Other important point in the discussion was importance of assessing resilience beyond national systems' borders (this is especially relevant for small countries that depend on their neighbouring systems). Consequently, developing further the methodology that the EXPH proposed and conducting assessments at the EU level would have added value.

There is a strong need for measuring health and social care systems together. Omitting linkages between them had dramatic consequences at the beginning of the pandemic.

Some Expert Group members already declared willingness to use in the future the toolkit in measuring resilience of their national health systems as part of overall performance assessment.

The HSPA Secretariat invited the Expert Group members to send in any additional comments or answers to the questions, which has been sent in advance of the meeting.

3. 2021 PRIORITY TOPIC

Filip Domański (European Commission) presented the orientation note HSPA_2401, which outlined the rationale to change 2021 HSPA priority topic from preventive care to the impact of COVID-19 on HSPA. He underlined how the COVID-19 pandemic that started at the beginning of 2020, changed dhow health systems function. That was partially reflected in the HSPA report on resilience published in 2020 but the idea presented in the orientation note is to recognise it to greater extent and to reflect if and how COVID-19 influenced health systems performance assessment. For example; the health systems' ability of assessing performance using limited resources due to tackling the pandemic; the potentially greater importance of health data and statistics for policy-making as demonstrated by increased interest in information related to COVID-19; or the need to re-design HSPA frameworks to reflect better the consequences of the ongoing health crisis.

Regardless of the final decision on the 2021 topic, the Group was asked to reflect on creating a dedicated sub-group to draft the 2021 HSPA report made up of member states and on the form of the report (comprehensive analysis versus a snapshot of situation in Europe).

When discussing, the Expert Group members mentioned health information initiatives like the Joint Action on Health Information (InfAct), the Population Health Information Research Infrastructure (PHIRI) or the COVID-19 Health Systems Response Monitor that are already addressing the links between the pandemic and health information.

During the discussion, there were arguments supporting the proposal of this new topic and those preferring to stick to the previous choice. There was also a clear signal not to forget the preventive care topic but postpone it for one year. There was also a proposal to bring forward the topic chosen for 2022 on value-based care.

The Chair invited the Expert Group members to provide their preference in writing to the HSPA secretariat by 15 March 2021 including their interest to be in a drafting sub-group.

4. MEASUREMENT AND ASSESSMENT OF ACCESS TO HEALTH CARE

Kenneth Grech (Malta) chaired the meeting starting from this point of the agenda.

Marina Karanikolos (European Observatory of Health Systems and Policies) summarised policy focus group discussion on patients' vignettes as a tool for measuring access to health care that took place on 1 February 2021. The focus of the discussion was on the stroke patient vignette, but the pilot included also included mental and dental care. The policy focus group included not only the members of the Expert Group but also representatives of patients', health professionals' associations and EuroHealthNet. Participants of the meeting agreed that the vignettes are a very useful tool that allows for measuring aspects of access that 'traditional' means (e.g., out-of-pocket payments or unmet medical needs data) do not capture. The vignettes

can be used in many ways: to compare inequities between and within countries. Their particular added value is to provide more evidence on problems experienced at individual level. They are also able to test the level of integration of care, including beyond health systems. The policy focus Group also recommended ways of ensuring that the tool captures the experiences of the most vulnerable groups: this could be done through a follow-up survey. The feasibility of scaling up this research method should also consider issues such as complementing with quantitative data, frequency of the exercise, clearly motivated choice of vignettes.

The Expert Group members agreed with opinions on usefulness of the vignettes. Their ability to describe other problems, not only access to health care, is very valuable. They provide an important contribution to assessing performance of health systems.

Kasia Ptak-Bufkens (European Commission) presented briefly the draft HSPA report on measuring access to health care, which had been circulated for comments on 10 February 2021. As the chapters were discussed at length at previous meetings, the presentation focused on possible ways of using this report in future activities. She explained that the report makes a clear case on how a better measurement framework on access to healthcare can make an impact on a broader policy context through mitigating consequences of accumulated social, economic and health disadvantage. The objective is to give impetus to more targeted policies and measures to address persisting gaps in access to healthcare. The Action Plan for the Implementation of the European Pillar of Social Rights is an opportunity to make a stronger case for the role of better metrics and more targeted policies to address inequity in access to healthcare. The report is also relevant for any future potential work on resilience of health systems.

The HSPA Secretariat waited for further comments until 23 February 2021. The report will be published soon.

Nicolas Bouckaert (the Belgian Health Care Knowledge Centre – KCE) presented a recent report on equity in health care in Belgium. Equity in health care is an important element of the Belgian HSPA framework and the report provides interesting policy conclusions, drawing from more granular data on the use of services and socio-economic characteristics of patients. Health care consumption and unmet medical needs are the indicators used for measuring equity. All people in the same health situation should receive the same treatment – this is a general assumption when equity is considered. The report uses a concept of 'equity gap' that is a difference between services a given person should receive and the ones he or she effectively receives. KCE for monitoring the situation uses EU-SILC information (unmet medical needs) and administrative data from the Belgian health system. The report includes many findings that could be useful for future policy-making. For instance, there is no inequity in use of primary care services by people in low-income group when compared to the rest of population but the inequity exists in relation to specialist care. It turns out that this is a consequence of unaffordability of specialist care at the point of service with the requirement of pre-payments, which are high in relation to capacity to pay for less affluent persons. When visiting GPs, the lower income patients are charged according to rates for less affluent people (no pre-payment

system), whereas in the case of specialist care they first pay the full amount and then receive reimbursement. This discourages many from using specialist services in the first place.

Belgian delegation asked other members of the Expert Group for sharing their recent national HSPA reports. That would help Belgium in developing its HSPA of chronic care.

During the following discussion, the Expert Group members expressed their interest in the methodology used for preparing the report. Some of them saw a possibility of using it for reporting on equity in their national health systems.

5. TREATABLE MORTALITY – FEASIBILITY STUDY FOR METHODOLOGICAL IMPROVEMENTS

Rok Hrzic (Maastricht University) presented the report Treatable Mortality in an International Perspective: Feasibility Study for Methodological Improvements. The report is the final deliverable of a study financed by the European Commission (DG SANTE). Its aim was to examine feasibility of adjustments of avoidable mortality indicator that is a proxy of performance of health care systems. The study included EU 28 (prior 1 January 2021), Iceland and Norway. It considered following adjustments: disease prevalence, disease stage, potential learning effects, using alternative outcome measures like disability-adjusted life years (DALYs) or years of life lost (YLL) instead of deaths, different age thresholds, linking specific functions of health systems to specific outcomes (sentinel mortality). The study revealed data comparability and availability problems that limit scope of adjustments. It also showed that depending on modifications of the adjusting elements, the ranking of countries in terms of their performance measures by avoidable mortality might sometimes differ greatly. The authors of the study recommend using measures of YLL and relaxing age limits. In their opinion, it is worth considering developing shorter list of avoidable causes of death to limit it to these that inform about key functions of health systems.

During the discussion, the Expert Group members exchanged their views on availability of causes of death statistics, as well as need to distinguish between treatable, preventable and avoidable mortality. They agreed that selection of the causes is always arbitrary and that lack of consensus on their list is confusing for policy-makers. Potentially, the HSPA Expert Group could be a forum where reaching agreement on such list would be possible.

6. HSPA COMMUNITY OF PRACTICE

Federico Paoli (European Commission) informed about the creation of HSPA Community of Practice, an initiative that stems from the experience of a number of Member States (Croatia, Ireland, Latvia, Lithuania and Slovenia). All of them received or still receive technical support from the European Commission via Structural Reforms Support Programme or Technical Support Instrument to establish their national HSPA frameworks. The technical assistance is provided by universities or consultancies. The Community of Practice will prepare a paper that on lessons learned and would serve as a guidance for the countries that plan to develop their own HSPA systems. The HSPA Expert Group would be consulted on the paper.

The Expert Group is open to this proposal. It welcomed a possibility of having a guidance on using external expertise for HSPA rollout in national health systems.

7. STATE OF HEALTH IN THE EU – FEEDBACK ON DRAFT COUNTRY HEALTH PROFILES 2021

Federico Pratellesi (European Commission) provided an account of the State of Health in the EU's project cycle to the Expert Group, focusing on the next steps for the development of the 2021 edition of the Country Health Profiles. The team of authors in charge of drafting the Profiles expressed a wish to consult national authorities on their drafts as a quality assurance measure. Mr Pratellesi thus set out a proposal for country members of the Expert Group to participate in a written consultation on their countries' respective Profiles. The (written) consultation will start in late July/early August 2021 and last for approximately four weeks (i.e. until the first week of September).

The Expert Group discussed and accepted the proposal. Members of the Expert Group will be free to decide whether to carry out the review of their country's Profile themselves, or coordinate their review with other relevant national authorities (e.g. Ministry of Health, National Public Health Institute). In either case, members of the HSPA Expert Group will act as the sole point of contact for DG SANTE, which will coordinate the review process.

8. AOB AND CONCLUSIONS OF THE MEETING

Filip Domański (European Commission) informed the Expert Group that another platform would be used in the future for organising virtual meetings. The HSPA Secretariat will inform the Groups' members about details via e-mail.