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

7TH MEETING

23 SEPTEMBER 2016, 09:30-15:30

VENUE: ALBERT BORSCHETTE CONFERENCE CENTRE, ROOM 3D

BRUSSELS

MINUTES

Participants: Austria, Belgium, Croatia, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Norway, Romania, Slovakia, Slovenia, Spain, Sweden, UK, European Observatory, OECD, WHO Europe, European Commission.

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1. INTRODUCTORY REMARKS AND WELCOME OF THE NEW CO-CHAIR

Andrzej Rys (SANTE co-chair) announced the decision of Olivia Wigzell (former Sweden's co-chair) to withdraw from the group, while maintaining her full support and interest in its work. The chair thanked Sweden for the egregious work done in leading this group. He then welcomed the new co-chair, Daniel Reynders (Belgian Ministry of Health), who thanked and express his commitment to the group.

The chair announced that next week there will be a seminar in Slovenia on healthcare quality assessment. The seminar is organised by the group secretariat and open to a small set of experts from this group; the outcomes of the seminar will be at disposal of the Slovenian Ministry of Health to shape a new strategy on quality monitoring and evaluation.

This type of country-specific interventions will be encourage as part of the work of the Group in the coming months in a way to address specific requests made by participating countries to bring expertise from other Member States.

2. APPROVAL OF THE AGENDA

The group approved the agenda without the planned presentation from Nick Goodwin (IFIC), who had to cancel his participation at short notice and presented his apologies.

The agenda was organised in three blocks:

- A group discussion on a horizontal HSPA issue: reporting and communicating assessment findings;
- A large session on integrated care, with presentations and discussions on different experiences with a view to plan the work on the report on integrated care;
- A final block with an update on the work on primary care, AOBs, and the planning of the next meeting.

3. DISCUSSION: LESSONS FROM NATIONAL EXPERIENCES ON REPORTING AND COMMUNICATING HSPA FINDINGS

At the last meeting of the group, several members asked to look at specific practical topics that could be interesting for policy makers, making the examples of how to present HSPA findings, combining simplicity of communication with complexity of the analysis. In response to this request, Federico Paoli (DG SANTE) presented a discussion paper on Reporting and communicating HSPA findings.

The issue was presented according to a simple model, in which first comes the definition of the goal of HSPA, then the target audience, and finally the actual questions related to the very activities of communication: type of information provided; ways of presenting; format of reporting; and strategies for dissemination.

In the discussion that followed, members of the group supported the overall approach and raised several questions on the goals of HSPA – and the underlying goals of health systems – the need to take into account information needs of different stakeholders (but is was also warned not to overestimate these differences), and the need to better encompass patients' views.

Transparency was suggested to be a key goal of HSPA, while the group's members in general do not see patient empowerment as an HSPA goal. Communication between HSPA users and producers is seen as working in two ways. There was a consensus on the need to present findings in a simple way (having in mind audiences with short time to devote to their interpretation), but allowing for a deeper analysis.

DG SANTE will review the discussion document to reflect the group's discussion (and future comments that will come in the coming weeks), and will circulate an updated paper before the next meeting. It was felt that the group should continue to address such horizontal and methodology issues in relation to HSPA processes.

4. INTEGRATED CARE

4.1 CREATING THE CONDITIONS FOR INTEGRATED CARE: ENGAGING ALL STAKEHOLDERS IN POLICY MAKING AND IMPLEMENTATION

Rafael Bengoa (Director of the Institute for Health and Strategy in Bilbao) presented his experience in creating the conditions for integrated care when he was Minister of Health in the Basque Country.

He stressed that the essential condition for success is to engage all stakeholders in the whole cycle of policy making and implementation. The preparation of good technical documents is not enough; it is vital to engage politicians and to avoid creating a dichotomy between politicians and technicians. Mr Bengoa mentioned that this cannot be done in a scientific way, but is rather a pragmatic, flexible approach.

In the Basque experience, all stakeholders were sked to agree on some principles (e.g. to work on collaborative models); the discussion on technical issues came only at a second stage. Politicians were asked to simultaneously manage two agendas, one business-as-usual, and the other on a transformative culture. There is now an arsenal of tools to move to the second agenda, which did not exist a decade ago; they should be used consistently and systematically.

A top-down approach shall be combined with a bottom-up. The later ensure the sustainability of the reforms after changes in government: it is important that local communities own the system and the reforms. Early wins are local wins: the credit should be given to the local communities.

4.2 DESIGN, IMPLEMENTATION, AND ASSESSMENT – PRESENTATION OF SCOTLAND EXPERIENCE

Fiona Hodgkiss (Directorate for Health and Social Care Integration, Scottish Government) presented the Scottish experience in setting up and assessing an integrated care system. She started by introducing the national NHS, with 15 Health Boards and 32 local authorities, universal coverage without co-payment, and an integrated delivery system.

The Scottish journey towards integrated care moved from linkages between services to coordination and partnership, all the way to full integration, including on resources and planning. This was possible thanks also to the engagement of all political parties.

Traditionally, healthcare was provided by the NHS, whilst social care was under the responsibility of local authorities. With the reform that started in 2011, most of the service delivery was integrated, and is now provided through the recently established Integrated Care Partnerships, at the intersection of the two players' responsibilities, with considerable budget share.

In parallel with the integration of service delivery, Scotland integrated data sources, linking health and social care files at an individual service user level (aggregated activity and costs). Scotland developed a framework for the assessment of integrated care with 26 indicators on

user experience, wellbeing and quality of life, service proxies for outcomes, resource use and balance of care.

Next steps will involve the finalisation of data collection arrangements for some indicators, the publication of the annual performance report in 2017, and the review of health targets and indicators (just announced). The main challenges involve the best way of capturing outcomes (distinguishing clinical and personal outcomes), and the trade-off between being meaningful and measurable.

The discussion that followed embraced both presentations and touched upon several topics, among them were the challenges in merging two different financing models (with possible openings to value-based payments – "value provokes integration"), the need to link national and regional dimensions with local approaches, and putting aside financial resources to steer the transition to integrated care.

4.3 MEASURING INTEGRATED CARE: DEBRIEFING FROM THE POLICY FOCUS GROUP

The day before this meeting, a policy focus group on performance assessment of integrated care took place. Michael Van den Berg (The Netherlands), Kenneth Grech (Malta), and Ellen Nolte (European Observatory) presented the main points of the discussion to the Expert Group.

The discussion touched upon the definition of integrated care, and on the boundaries of the system to take into consideration: just within healthcare, or also integration with long-term and social care? It was stressed that HSPA is to be tailored to different goals and values: there is no single approach that is valid for every system.

The Observatory presented a discussion paper to prepare the policy focus group, in which it presented six commonly used domains of assessment of integrated care: community wellbeing and population health at system level; service proxies for health outcomes; personal health outcomes; organisational processes and structures; resource use; user and carer experience.

It was remarked that it would not be necessary to develop specific new indicators on the outcomes of care integration; combinations of existing indicators could be used for this purpose. In other words, despite the fact that HSPA does not refer explicitly to integration of care, several HSPA indicators relate to integration of care and its impact on outcomes (the same holds for primary care). Many participants to the focus group wondered whether we should measure the level of integration or its outcomes.

It was stressed that integrated care refers to a process; we need therefore process and structure indicators, in addition to outcome indicators. It is important to identify the mechanisms between these indicators, i.e. the connection between structure, process and outcomes.

The policy focus group reflected on a possible framework for assessment that includes three main areas: system’s basic functions; points that are a risk and where you can expect problems (primary/hospital, primary/mental, etc.); patient groups that have to deal with

several health providers and settings. Another version of this classification involves building blocks/design principles/system levers; processes and care organisation; outcomes. Each model could then be declined at geographic level, by groups of population, and by category of diseases.

Any model has to be general and flexible, to be adaptable to different national (or local) contexts, with different goals and values. Indicators can be found at country level. Tailored HSPA exercises on integrated care (or mental care, for instance) could be alternated to general assessments on the performance of the health system.

It is important for those who introduce an integrated care policy, to remember that one should put in place at the same time a monitoring and evaluation process. It is recommended to refer to good or inspiring practices when they are available (and with elements of replicability).

4.4 PREPARATION OF THE REPORT ON INTEGRATED CARE: PRESENTATION FROM DG SANTE (REF: DOCUMENT HSPA_0702)

Filip Domański (DG SANTE) updated the group on the preparation of the report on the assessment of integrated care. The report will draw from the discussion under the previous points and will follow the approach highlighted in the focus group; it will be drafted by DG SANTE in coordination with the subgroup of experts and the European Observatory on Health Systems and Policies. It will integrate input from the OECD, IFIC (International Foundation on Integrated Care) and the B3 Action Group on Integrated Care of the European Innovation Partnership on Active and Healthy Ageing.

The report is tentatively planned to cover two main areas: a review of national and regional experiences in the implementation and evaluation of integrated care, and a block of suggestions and recommendations on tools and methodologies to assess the performance of integrated care.

In particular, the review of experiences should highlight success factors and transferable elements from good or inspiring practices, as well as an analysis of factors enabling successful integration of care (readiness for integration). The second part of the report should be based on the outcomes of the discussion that took place in the policy focus group.

A final draft of the report is expected to be presented to the Council Working Party on public health at senior level in February 2017.

5. PRIMARY CARE: UPDATE ON WORK PLAN; PRESENTATION FROM DG SANTE (REF: DOCUMENT HSPA_0703)

Federico Paoli (DG SANTE) updated the group on the work initiated on performance assessment of primary care. This work is closely complementary to the work on integrated care, and will be the priority for the Group in 2017.

In the last months, a sub-group with volunteer experts was created and proposed a first working definition of primary care, which is based on the opinion on the expert panel on effective ways of investing in health.

The sub-group identified a set of objectives: to collect national experiences on the assessment of the performance of primary care, to analyse indicators that are used to assess primary care, and to identify recommendations for policy action.

During the meeting, experts from Ireland, Finland, Norway, Slovenia and Spain announced their intention to join the sub-group. A detailed work plan (likely to follow similar processes as the previous reports) will be presented at the next meeting of the Group, together with a template for the collection of country cases.

6. AOB

Niek Klazinga (OECD) updated the Group on recent OECD activities on patient safety and quality of care, and in particular on the project on patient safety indicators recently funded by the EU Health Programme.

The Group discussed how to plan the continuation of its work after 2017, including the modality to select additional topics to focus on. The secretariat committed to prepare a background paper for the next meeting, with proposals and hints for discussion.

It was agreed that the group would need to consider its rules of procedure at a forthcoming meeting to clarify the condition for the appointment of the co-chair from the MSs and to establish a time limit for that mandate.

7. CONCLUSIONS OF THE MEETING AND SCHEDULING OF FUTURE MEETINGS

The next meeting of the sub-group will take place in Vienna on the 14th of December 2016.