



JAF Health

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Presentation outline

1. Health in the European Semester

1. Joint Assessment Framework (JAF) on Health

- **Policy rationale**
- **Conceptual framework**
- **Data availability: mid- to long-term priority**
- **Follow-up**

Health in the European Semester

Specificities

- Shared exercise with ECFIN and SANCO driven by concerns over fiscal sustainability
- Complex area: how to compare countries and measure cost-effectiveness?
- Data limitations

Policy framework

- ❑ Open Method of Coordination - SPC
- ❑ 2010 Joint Report ECFIN/EPC on health systems – Ageing and Sustainability Reports - AWG
- ❑ Council conclusions on health systems – Working Party on Public Health at Senior Level – Reflection process
- ❑ Social investment package (2013) – Investing in Health SWD

AGS 2014

- ❑ Underlines the need to strengthen the **efficiency** and financial **sustainability** of health care systems, while enhancing their **effectiveness** and **adequacy** in meeting social needs and ensuring essential social safety nets
- ❑ Acknowledges the contribution of the health sector in tackling unemployment
- ❑ Stresses that that active inclusion strategies should be developed including broad access to affordable and high-quality health services

2013 CSRs

- ❑ Number of CSR increased from 5 to 11
- ❑ 2012 CSRs for AT, BG and DE extended, BE dropped, CY programme country
- ❑ New CSRs for CZ, ES, FI, FR, MT, PL, RO, SK
- ❑ Most CSRs based on sustainability putting focus on increased cost-effectiveness
- ❑ Priority areas for reform: hospital care, primary care, pharmaceutical spending, care coordination
- ❑ Exeptions BG and RO also adressing access (ES maintaining access)

Joint Assessment Framework on Health

Policy focus

- ❑ *Realistic attempt to strengthen the evidence-base in a complex public policy area*
- ❑ *Approach accommodates differing national contexts and priorities*
- ❑ *Integration of healthcare with health determinants*
- ❑ *Specific focus on access, quality and equity of healthcare systems;*
- ❑ *Focus on outcomes provides important counterbalance for the approaches based on sustainability of public finances.*

What are the limitations with the JAF approach to health?

□ *Potential issues*

- Complexity of determinants of health outcomes and particularly role of healthcare systems themselves
- Availability, quality and therefore comparability of health data across MS. Analytical results must be interpreted with caution.

□ *Proposed solution*

- Provisionally agreed framework linking outcomes to both healthcare systems and other data
- First step screening device to be followed by a more in-depth qualitative review
- Pilot period during 2014 to assess the approach

Desirability of linking with other initiatives

- Working Party on Public Health at Senior Level identified health outcomes and equity as the niche in the HSPA that could be addressed by the EU*
- Complement the work of OECD and WHO in health area*
- Eurostat data collection: EHIS, EU-SILC, SHA*
- ECHI*

Conceptual Framework

Overall Health Outcomes

How healthy are citizens of MS and what are their health outcomes?

Determinants of the health care performance

Do all people in need of health care get access to quality health care?

Efficiency

Access

Quality

Resources

Non-health care determinants

What is the general profile in terms of non-healthcare factors?

Health behaviours
Lifestyle

External factors not related to lifestyle

Equity

Context information

Demographics, Poverty and social exclusion, GDP per capita, Educational status, Spending on Health

Indicators - health outcomes

- Life expectancy at birth, 65, men/women
- Healthy Life Years (HLY) at birth, 65, men/women
- Self-perceived health (total in good and very good health and gap Q1 – Q5)
- Infant mortality
- External causes of death (total, men/women)

Indicators - access to health care

- Unmet need for medical care
- Unmet need: costs
- Unmet need: waiting time
- Unmet need: distance
- Gap unmet need medical care Q1-Q5

Indicators - quality of health care

- ❑ Cancer screenings: breast, cervical, colorectal
- ❑ Influenza vaccinations for 65 + (gap edu level)
- ❑ Avoidable admissions: respiratory diseases, diabetes;
- ❑ In-hospital mortality following AMI (heart attack) and stroke

Indicators - lifestyles

- Smokers: total, men/women, gap
- Obesity: total, men/women, gap
- Alcohol: total, men/women, gap
- Fruit and veg. consumption: total; young, gap
- Physical activity: men/women, gap

Indicators - Context

❑ Resources

- ❑ Healthcare expenditure / per function
- ❑ Staff: physicians, midwives
- ❑ Equipment: MRIs and CT scans

❑ Socio-economic

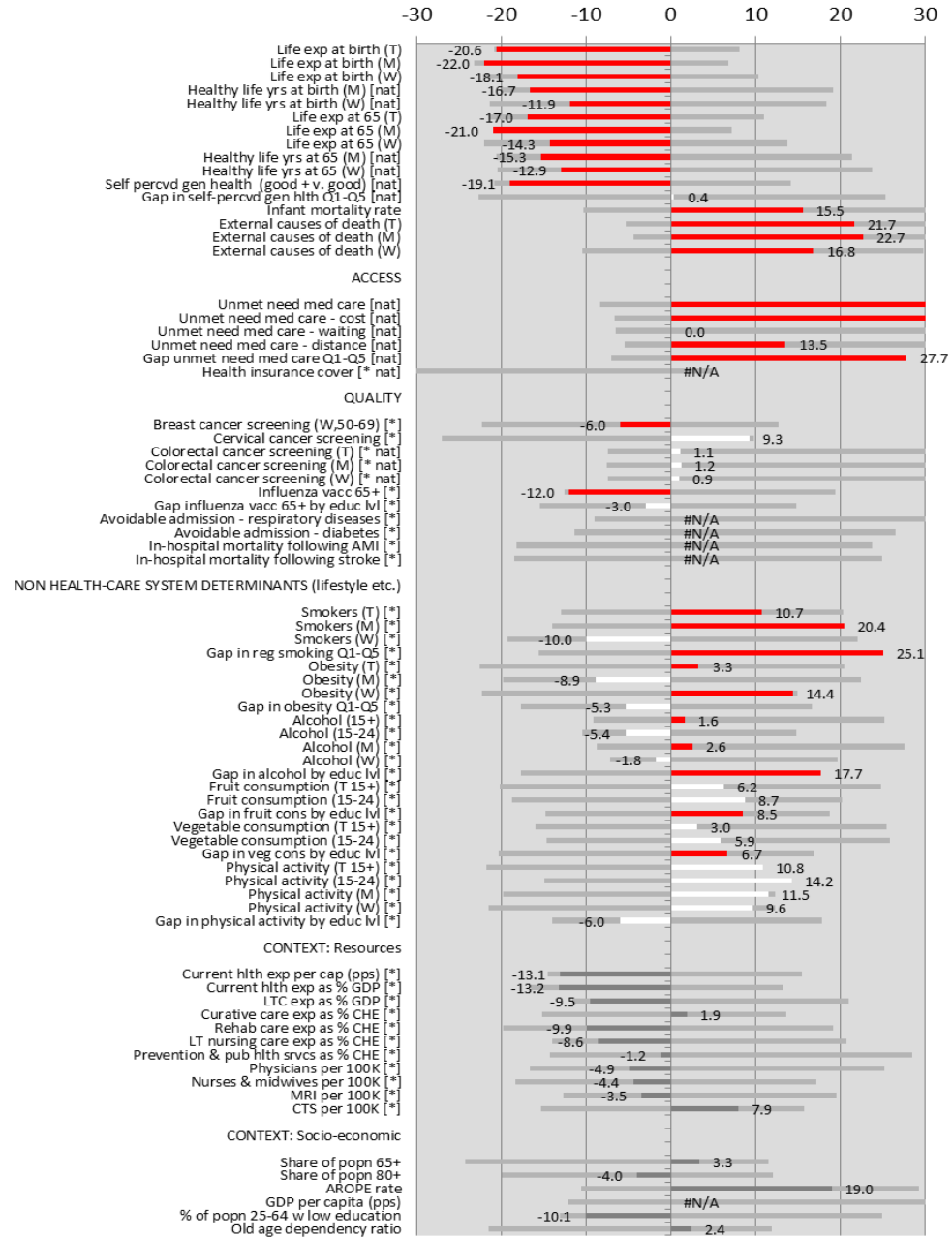
- ❑ Demographic factors: Share of population 65+ and 80+; old age dependency
- ❑ Poverty: AROPE, GPD/capita
- ❑ Education: % of population with low education

Some illustrative results

- ❑ *To illustrate results of approach, data was prepared for two MS*
 - ❑ **Latvia (LV)**
 - ❑ **Spain (ES)**

See handout

LV

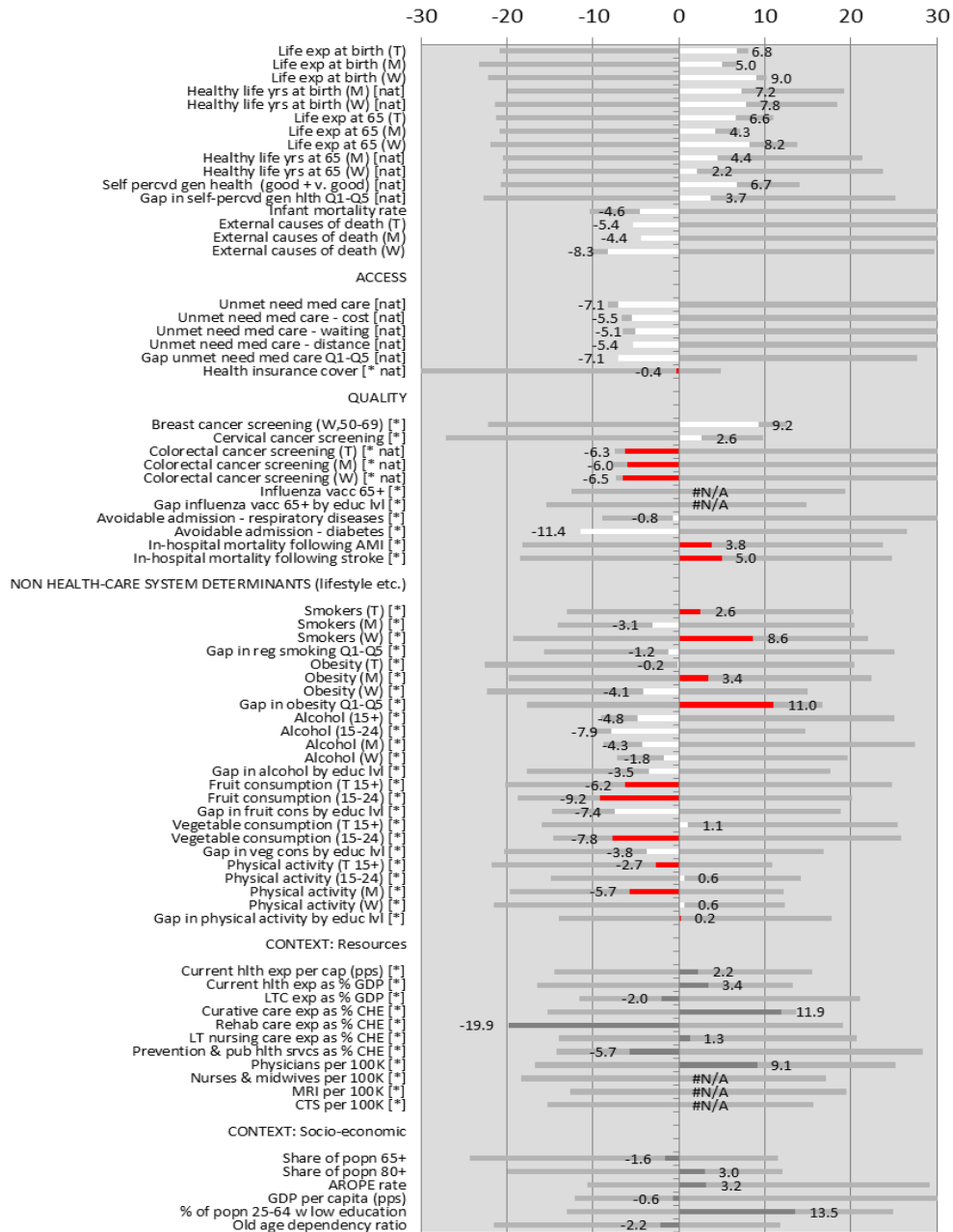


A few words on interpretation of results

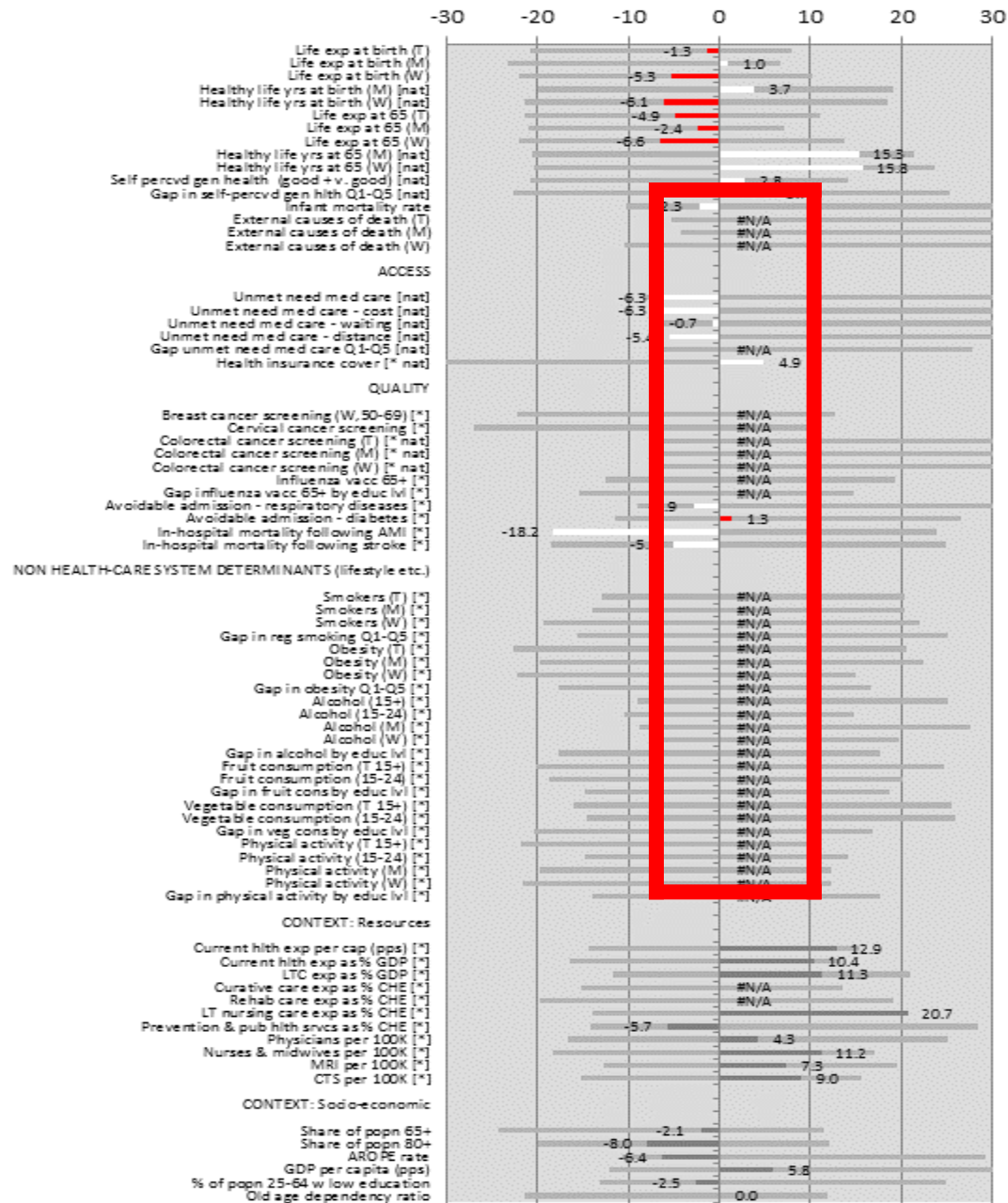
- Standardised results -> check the underlying data
- EU average – a good outcome or not?
- Red bars – negative; white bars – positive
- Context variables – normative judgement not possible (grey)
- Inequality - gaps (not ratios) between shares of population
- Shows current situation, no trends

See handout

ES



DK



Data gaps and development needs

- ❑ *Fill in the gaps in data coverage*
- ❑ *Increase data collection periodicity (timeliness)*
- ❑ *Sustainability of data collection*
- ❑ *Data development needs*
 - ❑ **Socio-economic breakdowns for health outcome indicators**
 - ❑ **Deaths amenable to health care**
 - ❑ **Potential years of life lost**
 - ❑ **Out of pocket payments – individual and aggregate levels**
 - ❑ **Avoidable admissions**
 - ❑ **Mental health**
 - ❑ **Well-being**
 - ❑ **Lifestyle variables**

Follow-up actions

- ❑ *Addressing the data gaps: support efforts to collect harmonised data that can feed JAF Health;*
 - Collaborate with Eurostat, DG SANCO and work at ISG level
- ❑ *Quality assurance:*
 - Peer review;
 - Expert peer review of the model and the choice of indicators with the involvement of other international organisations
- ❑ *Testing in-house*
- ❑ *Review in the ISG/SPC in October/November 2014*



Thank you for your attention
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