



EUROPEAN COMMISSION

HEALTH & FOOD SAFETY DIRECTORATE-GENERAL

Digital, EU4Health and Health systems modernisation

State of Health, European Semester, Health Technology Assessment

EXPERT GROUP ON HEALTH SYSTEMS PERFORMANCE ASSESSMENT

30TH MEETING

28 JUNE 2023, 09:00 – 17:00

ROME - HYBRID MEETING

MEETING MINUTES

Participants:

In-person: Austria, Czechia, Cyprus, Denmark, Estonia, Finland, Germany, Hungary, Ireland, Italy, Luxembourg, Malta, Netherlands, Portugal, Romania, Slovenia, Norway, the European Observatory on Health Systems and Policies and the European Commission (DG SANTE, DG REFORM)

Remotely: Belgium, Croatia, France, Poland, Romania, Spain, Sweden, OECD, WHO Europe, European Commission (DG RTD)

Chairs: DG SANTE (European Commission's co-chair), Malta (Member States' co-chair)

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1. REGISTRATION AND WELCOME COFFEE

2. OPENING OF THE MEETING

The co-chairs opened the meeting and thanked the Italian Ministry of Health for hosting the event in their premises. The Italian Director General Healthcare Planning welcomed the participants and stressed the relevance of the topics of today's agenda. This was followed by a round of introductions of all participants on-line and in person.

The agenda was approved, no agenda items/ AOB points were added.

3. DISSEMINATION OF THE WORK OF THE EXPERT GROUP

The Member States' co-chair reported back from the launch event of the HSPA report [Mapping metrics of health promotion and disease prevention for health system performance assessment](#) which took place on 21 June 2023 via DG SANTE's Health Policy Platform. The co-chairs thanked the European Observatory on Health Systems and Policies for drafting the

report on behalf of the Expert Group and Ireland, Malta and Austria for their participation at the launch event. The feedback was generally positive and there was interest in the report.

The Expert Group agreed that this event was a good example of how to promote the work of the HSPA Expert Group and to increase its visibility. It was also mentioned that it could be useful to have webinars or similar activities/events already in the drafting phase to get valuable input from stakeholders. It was concluded that the group should organise more public events.

4. 2022 PRIORITY TOPIC – VALUE-BASED HEALTHCARE

The Member States’ co-chair launched the discussion by mentioning that this is the last priority topic from the previous work plan. At the previous HSPA plenary on 15 February, it was concluded to have a succinct report on low-value care. **The European Observatory on Health Systems and Policies** had volunteered to appoint a penholder to draft the report on behalf of the group (in conjunction with colleagues from the Technical University of Berlin). **The Technical University of Berlin** presented the outline of the report and different definitions of low-value care and waste. The group discussed the scope of the report and that the focus should be on health systems, not on the individual health level.

It was agreed to develop the report step by step. The penholders will start over summer with the literature review on how low-value care can be defined and which indicators are available. This chapter will be discussed with the dedicated working group before preparing a Member States survey which would look into obstacles in measuring low-value care and good practices to de-implement low-value care.

The objective is to have a first draft of the report by the end of the year.

Under the same agenda item, the **OECD** presented the **Patient-Reported Indicator Survey (PaRIS)**. Several Member States use PaRIS indicators as part of their national HSPA frameworks. The OECD offered that countries which are not already participating in PaRIS can join for the coming cycle and should get in touch. The Member States’ co-chair invited the OECD to give a further update on the project at a later stage.

5. HSPA WORKPLAN AND DISCUSSION ON NEW TOPICS

The Commission’s co-chair introduced the agenda item. Following the plenary meeting in February where five new topics were chosen, the Commission invited Member States to join working groups to develop the scope and type of deliverables. The Commission received 21 positive replies in total. The strongest interest was triggered by workforce, followed by (in order of interest) HSPA governance, mental health, environmental impact of healthcare and health inequalities. For each topic, a Member State rapporteur was appointed who briefly reported back to the plenary on the outcomes of the first working group meetings which took place in June.

On workforce, the aspects of skill mix, and primary care were identified as main fields of interest. There was also a suggestion to invite the [BeWell project](#) to present their draft strategy for health workforce skills.

On **environmental impact of health systems**, there was interest to exchange best practices. Another question might be how climate change can be reflected and integrated into national HSPA frameworks.

HSPA governance was mainly discussed under agenda item 7.

On **health inequalities**, the experience with health equity audits, which was the outcome of an EU Joint Action in health inequalities, was recalled and could be the focus of attention as well as follow-up on previous HSPA work on metrics to monitor access. The cancer inequalities register under Europe's Beating Cancer Plan was also mentioned as a potential best practice.

On **mental health**, the Commission Communication on [A comprehensive approach to mental health](#) was adopted on 7 June 2023. The HSPA Expert Group is mentioned in the Communication as **forum to explore the potential of new technologies for prevention and treatment of mental ill-health**. The Expert Group was invited to reflect further on this. Two potential areas for further reflection emerged; the role of primary care in mental health care and prevention as well as innovative tools to measure and monitor mental health.

The Commission's co-chair mentioned the new **Expert Group on Public Health** which also has a subgroup on mental health. It was stressed that the HSPA Expert Group should avoid duplication with other ongoing (EU) projects and do complementary work.

In conclusion, the Expert Group agreed that the small working groups should meet again after summer to discuss the scope, method, potential outputs, and preferred timelines. The HSPA Secretariat will prepare and pre-fill a template for the working groups to structure the discussions for defining action plans and timelines for each of the topics. The Member State rapporteurs agreed to continue in their roles and feedback to the next HSPA Plenary meeting.

6. PRESENTATIONS ON NATIONAL DEVELOPMENTS

Italy gave two presentations. The first one by the Ministry of Health focused on the assessment of the performance of the Italian regional healthcare systems and the new guarantee system. The purpose of the guarantee system is to ensure that the provision of services and benefits included in the "Essential Levels of Care (LEA)" takes place under conditions of quality, appropriateness and uniformity. There is a LEA questionnaire as part of HSPA. The new guarantee system includes 88 indicators on different areas, which are used to calculate scores to allow comparison between regions. The presentation also made a link to the PaRIS initiative and how it can be implemented into national HSPA frameworks.

The second presentation was given by the Italian National Agency for Regional Healthcare Services (AGENAS) on the National Outcomes Evaluation Programme. It is a tool to assess the effectiveness and appropriateness of treatments, equity of access and safety of care. It has a focus on comparative analysis between providers and local health units. The programme uses 194 indicators. The presentation showcased the results of the 2022 edition and different drivers for improvement.

Belgium gave an overview of the revision of its national HSPA framework and explained the general objectives. Background for the revision are new concepts in literature (such as the PaRIS initiative) and the need to increase the number of indicators. The updated framework includes 146 indicators under different dimensions. There are new sections on governance, environmental sustainability (no indicators yet) and resilience. Several sections have been updated with additional indicators, such as people-centred care. The next Belgian HSPA report is planned to be published in early 2024.

7. HSPA AND GOVERNANCE

The Member States' co-chair recalled that Germany had proposed to launch a survey on this topic and **the Technical University of Berlin** is assessing the replies and will prepare a publication. They gave some preliminary results showing that there was a diverse use of national HSPA frameworks/outputs for policymaking.

The Member States' co-chair encouraged the remaining countries to send their replies in order to get a more representative overview. **It was agreed that the Technical University of Berlin will present the final results at the next plenary meeting.**

8. EUROPEAN PARTNERSHIP ON TRANSFORMING HEALTH AND CARE SYSTEMS

The Commission's co-chair introduced the **European Partnership on Transforming Health and Care Systems**, which is co-funded by the European Commission (Horizon Europe) and has a 7-year cycle. Its core activity is to fund and support projects that strengthen research and innovation in health and care. It also aims to intensify cooperation among countries and increase stakeholders' involvement.

9. TECHNICAL SUPPORT INSTRUMENT

The Commission's co-chair explained that the EU's Technical Support Instrument (TSI) has supported several countries in developing their national HSPA frameworks. **Estonia** presented their national HSPA framework and their experience with the TSI and showcased outcomes of the first national HSPA report.

DG REFORM explained how the TSI works and how Member States can request support for the TSI cycle 2024. In particular, potentially relevant flagships such as PACE – Public Administration Cooperation Exchange was highlighted. DG RFORM also explained that a new database has recently been created where Member States can upload individual support needs to match interests in order to identify areas for multi-country requests. Member States were invited to contact DG REFORM to discuss potential ideas and support needs ahead of the formal submission in October 2023.

10. AOB & CONCLUSIONS OF THE MEETING

Conclusions and next steps:

- **Future priority topics:** The HSPA Secretariat will schedule working group meetings for all priority topics after summer. The small working groups will prepare action plans, using templates provided by the HSPA Secretariat, the rapporteurs will report back to the next plenary meeting.
- The Expert Group agreed to work on **low-value care and HSPA governance as priority topics in 2023**. All other topics will (after the meetings of the small working groups) be tackled in 2024 or later. A prioritisation order could be discussed in the next plenary meeting.
- The next HSPA plenary meeting will be scheduled as a virtual meeting in November.

The co-chairs closed the meeting and thanked everyone for the active participation and the interesting discussions.