



## Expert Panel on effective ways of investing in health

### Drafting group meeting on care organisation following Covid-19 pandemic

#### Sub-groups meetings

#### (WebEx conference)

#### Minutes

In order to make drafting of the complex opinion '*A framework for resilient organisation of health and social care following the COVID-19 pandemic*' more efficient members work in 3 sub-groups following the questions defined in the mandate. Each sub-group is led by a rapporteur who reports on an on-going work to the drafting group and the Panel in plenaries.

Sub-group B led by rapporteur Dr Kringos deals with questions on the elements and conditions for **capacity building** in primary care, outpatient specialist and hospital care and in social care that would strengthen the overall robustness to unpredictable events and capacity to ensure access to care and treatment continuity. This sub-group also deals with the question on the **building blocks to improve care organisation** (structures, processes, resources, interrelationships), and on what criteria should be used for a continuous evaluation of the appropriateness of **service delivery capacity** of primary care, outpatient specialist and hospital care and social care.

Sub-group C led by rapporteur Prof. Lionis focuses on how healthcare provision can be sustained for **vulnerable patient groups** with urgent needs for care/cure, like patients with rare conditions, cancer patients or patients on the transplant waiting list, frail elderly, disabled people, refugees, prison populations etc.

Sub-group D led by rapporteur Dr Rogers elaborates the criteria to **resilience-test health systems** for unpredictable high-pressure scenarios, and what methodologies and models can be used to carry out such resilience tests, and how can the results of these tests be translated into well-documented analytical approaches and practical guidelines.

The sub-groups met in series of non-public meetings. No declarations of interest that could in any way interfere with the topic discussed were submitted from any member.

**Sub-group B on capacity building** met on 18 June via WebEx. Main points discussed:

- Agreed framework structure and elements for capacity building
- Importance of digital tools, financial aspects of its implementation
- Crisis preparedness, importance of anticipatory approach
- Role of primary care in time of crisis, clinical evaluation
- Professional training, interdisciplinary approach, redeployment of staff
- Dissemination of knowledge and best practices

**Sub-group D on resilience-test** met on 23 June via WebEx. Main points discussed:

- Definition and different dimensions of resilience
- Key characteristics of a resilient system
- Different threats (to people, technical and logistical infrastructure, acute, continuous, needing long-termed planning) to prove resilience of health systems
- Importance of anticipation, knowledge of how systems evolve
- Criteria of resilience in a resilience test
- Methods, indicators to assess criteria
- Inter-dependences of health system in the context of societal life

**Sub-group D on resilience-test** met on 2 July via WebEx. Main points discussed:

- Following the mandate – unpredictable shocks
- Degree of anticipation important
- Characteristics of shocks, level of the impacts, classification of shocks, namely critical (critical breakdown), major (has the potential for critical breakdown), minor shocks (this may give rise to predictability)
- Levers/tools health system has in order to respond to a shock
- References to previous Expert Panel opinions
- Recommendations based on data
- Traffic colour dashboard as diagnosis of resilience

**Sub-group B on capacity building** met on 10 July via WebEx. Main points discussed:

- Lesson learned from the Covid-19 pandemic, importance of structure on patients involvement
- Definition of resilience by the Expert Panel
- Management of resilience of health systems grouped around governance; information, knowledge and legitimacy and continuity in services delivery
- Importance of communication, standardised information
- Uncertainties
- Strengthening primary and community care
- Mechanisms for knowledge exchange

**Sub-group C on vulnerable patient groups** met on 16 July via WebEx. Main points discussed:

- Definition of vulnerability
- Focus on patient safety, health equity and compassionate care
- The role of health services in reducing vulnerability and supporting vulnerable groups
- Prognostic tools to have better understanding
- Integration of health and social care

**Meeting of rapporteurs** of the sub-groups on 20 July via WebEx. Main points discussed:

- Reflect on flexibility
- Reference to EXPH opinion on Task shifting and health system design
- Strengthening the integrated care
- Importance of trust, emphasis on communication
- Interdisciplinary training of professionals, psycho-social aspect
- Definition of vulnerability

- Data collection on ethnicity missing
- Definition of resilience
- Elements of resilience: political and scientific elements, operational capacity
- Resilience test as a tool to assess not rank

**Sub-group D on resilience-test** met on 21 August via WebEx. Main points discussed:

- Methodology to carry out resilience testing
- Inclusion of societal considerations and cross-country
- Table-top exercises with involvement of key decision making bodies and stakeholders
- Draw a comprehensive set of high level baseline indicators to ensure comparability of data, but country specific situation has to be taken into account
- The types of stressors (e.g. epidemiological, economic, natural disaster etc.) to be considered
- Acute and structural shocks to include

**Sub-group D on resilience-test** met on 11 September via WebEx. Main points discussed:

- Emphasis on critical ingredients
- Toolkit for a test and methodology how to use it to be provided to health authorities
- Comprehensive framework that links building blocks or health system actors (the “what”) with their critical functions (the “how) and critical functions under stress would provide practical guidance to health authorities
- Within building blocks to evaluate the structure, processes, outcomes
- Value added of resilience testing
- Reporting and action planning for transformative changes

## List of participants

### EXPH Members

DE MAESENEER Jan  
 GARCIA-ALTES Anna  
 GRUSON Damien  
 KRINGOS Dionne  
 LEHTONEN Lasse  
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### DG SANTE

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