



EUROPEAN COMMISSION

HEALTH & FOOD SAFETY DIRECTORATE-GENERAL

Health systems, medical products and innovation

State of health, European semester and Health Technology Assessment

## EXPERT GROUP ON HEALTH SYSTEMS PERFORMANCE ASSESSMENT

### 28<sup>TH</sup> MEETING

14 OCTOBER 2022, 9:30 – 17:00

*HYBRID MEETING*

MEETING MINUTES

#### Participants:

Austria, Belgium, Croatia (remotely), Czechia, Cyprus (remotely), Denmark (remotely), Estonia (remotely), Finland (remotely), France, Germany, Hungary, Ireland, Italy (remotely), Latvia (remotely), Lithuania (remotely), Luxembourg, Malta, Netherlands, Norway (remotely), Poland (remotely), Portugal, Romania (remotely), Slovakia, Slovenia (remotely), Spain (remotely), the European Observatory on Health Systems and Policies, OECD, WHO and the European Commission (DG SANTE, DG RTD and DG REFORM)

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#### 1. OPENING OF THE MEETING

The co-chairs opened the meeting. Due to a reorganisation in DG SANTE, **Maya Matthews (European Commission)** is the new co-chair replacing Andrzej Rys. She introduced the Directorate's and unit's new assignments and topics, as well as the agenda of the day. This was followed by a round of introductions of all participants.

The European Commission gave a brief information on a [Eurostat release](#) of experimental statistics on the impact of health social transfers in kind on income distribution and inequality.

#### 2. 2021 PRIORITY TOPIC – PREVENTION REPORT

**The Member States' co-chair** reminded that the chapters 1 - 3 were reviewed in the last plenary meeting. There has been a lot of progress on the report, which is being drafted by the European Observatory on Health Systems and Policies in collaboration with the sub-group on prevention. The fourth chapter is being finalized. The co-chairs thanked the European Observatory on Health Systems and Policies for their work so far as well as the members of the sub-group on prevention, OECD and WHO and the countries that participated in the small group discussions on the topics of health literacy and mental health.

**The European Observatory on Health Systems and Policies** presented a quick recap of the draft report. Chapter 1 gives an introduction to the topic, discussing the main concepts of

disease prevention and health promotion. Chapter 2 analyses the survey which was carried out in the HSPA group on prevention indicators. Chapter 3 develops three case studies on the topics health literacy and mental health as well as a country-based case study on Austria's Health in all Policies Strategy. The report explores how health promotion and disease prevention indicators are chosen and measured within the HSPA processes of member states, and how they are used in policy.

The European Observatory on Health Systems and Policies presented the fourth chapter on the discussion, with a summary of the findings, packaging indicators, data areas, planning, best practices and indicators. It brings together key findings from Chapters 1-3 and aims to support countries with their national HSPA frameworks. The European Observatory on Health Systems and Policies highlighted the need to group the indicators into common topics. The report also provides an overview of most frequently reported indicators per category.

The discussion focused on what the final chapter of the report as well the Annex should look like. The following questions were raised:

- What is the best way to present the collected indicators? Several countries expressed a strong interest to get a full list of indicators, not only most common ones or categories.
- Can it be showcased how many countries collect which indicators?
- Relevance of benchmarking, which indicators are internationally comparable?
- Can an interactive dashboard/ Excel file be added?

**The European Commission** asked the members to send their feedback in writing by 31 October directly to European Observatory colleagues. They will incorporate received comments and will share an updated version as soon as possible.

### **3. 2022 PRIORITY TOPIC – VALUE-BASED HEALTHCARE**

**The European Commission** explained the topic and the work so far on this from the exploratory group (BE, CZ, EE, FR, IT, MT, PT, RO, SI, OECD and the European Observatory on Health Systems and Policies). The group agreed on a pilot to be done by Belgium and France to examine specific questions related to value-based healthcare and to determine whether there are corresponding indicators/ measurement methods – with a focus on identifying and measuring low value and wasteful care. The European Commission also explained that this topic could be a good starting point to combine the traditional HSPA work and the new more strategic/transformation strand of the Group's new mandate.

The discussion focused on the following points:

- What is the preferred format to present the topic?
- Does it make sense to conduct a mapping exercise among all participating countries?
- Focus not only on indicators, but also on reforms and how issues can be tackled
- Patient perspective – several members stressed the role of the patient perspective and said they do not wish to only look at health expenditure

- If focusing on wasteful spending, the group should not only duplicate work already done by OECD, but see what can be added to the discussion

**The Commission's co-chair** recognised a high interest in this topic expressed by the expert group. She concluded that the group will focus on identification of wasteful spending and low-value care, de-implementation of low-value care, measuring tools and the patient perspective. She suggested that the exploratory group will prepare a short outline with key questions. For each key question two Member States should be in the lead (with support from the HSPA Secretariat and observers in the group). She acknowledged that there needs to be a written format for the output of this work but not necessarily a report, maybe a shorter format. She also mentioned the possibility of a conference organized on the topic.

#### 4. NEW MANDATE OF THE EXPERT GROUP – RULES OF PROCEDURE

**The Commission's co-chair** introduced the agenda item and explained the need to revise the Rules of Procedure, following the updated Terms of Reference of the group. This was done by the HSPA Secretariat together with the co-chairs. The document was sent to the members of the group on 29 September asking for comments in writing by 12 October.

**The European Commission** presented the current version of the Rules of Procedure. Prior to the meeting, there was only one comment in writing by Spain, asking to ensure that when convening physical meetings, an online participation should also be possible. Other members states agreed on this suggestion. It has been reflected in the Rules of Procedure.

The Expert Group agreed on the latest version of the Rules of Procedure. They are therefore approved and can be found on the [Commission webpage](#).

#### 5. EUROPEAN HOSPITAL LABEL

**France** presented the concept of the European Hospital Label as a topic for discussion under the group's new mandate. The French member highlighted that the project is still at a reflection stage, and the presentation is meant to invite other Member States in a process of co-creation.

The French representation explained the difficulties on healthcare cooperation that the label could help solve, most notably in maintaining network dynamics, welcoming cross-border patients and patients from other European territories and strengthen cooperation in order to be better prepared for future crises, as well as outside of times of crisis.

This instrument would be based on a voluntary basis and is meant to encourage network dynamics. It could be implemented following a gradual approach, from the cross-border level to the transnational level, integrating at each level different objectives in terms of care, data sharing, training, environmental standards and clinical research.

Several Member States shared their feedback. They acknowledged the ambitious nature of this concept and requested more information and specifications. The following points/ questions were raised in the discussion:

- Should not duplicate existing practices and initiatives (in particular, Interreg Programmes and EU Reference Networks were mentioned)
- Added value needs to be clear – therefore a mapping of existing cooperation would be helpful
- The name “hospital label” is confusing since the concept goes beyond hospitals

**France** asked to continue the discussions after the meeting. The French representative acknowledged the many questions and offered to be contacted bilaterally. She pointed out that the added value would be in the European dimension of the concept.

Member States are asked to submit any feedback about the initiative and questions they may have to [gabrielle.dubois@sante.gouv.fr](mailto:gabrielle.dubois@sante.gouv.fr) and [jonathan.clottes@sante.gouv.fr](mailto:jonathan.clottes@sante.gouv.fr) by 15 December 2022.

## **6. NEW MANDATE - NEW TOPICS**

**The Member States’ co-chair** introduced the afternoon session and explained that the European Commission will organise a workshop in small working groups in order to develop a short-list of new priority topics.

In total, there were three physical and four online working groups.

Participants in the working groups discussed interesting topics and potential formats and methods. The rapporteurs of each group presented the final two priority topics selected per group. There was some overlap. In the end there were ten topics which participants were asked to rank.

The result of the ranking was the following:

1. Health workforce: shortages, planning, support, skills mix, retention
2. HSPA governance: framework, indicators, resources, use in policy making, budgeting, best practices
3. Mental health: youth mental health, reimbursement of mental health services
4. Environmental impact: greening, medical waste, wastewater, carbon footprint, telemedicine
5. Health inequalities: measuring at level of community and primary care
6. Sustainability: financial, data, waste, health information
7. The role of the private sector - inclusion in monitoring, quality, data needs
8. Data infrastructure: how to cover blank spots
9. Health workforce: Tracking of migration

## 10. Rehabilitation: coordination between different sectors

The following topics were also discussed in breakout rooms but were not selected for presentation to the group: digital health and interoperability across countries, ageing, adherence to (clinical) guidelines, R&D, genomics (and pharma).

**The Member States' co-chair** shared his reflections and concluded that this workshop was an initial exercise. The group needs to discuss in coming meetings how it would like to proceed.

## 11. AOB & CONCLUSIONS OF THE MEETING

**The Member States' co-chair** asked if there is appetite for a fourth meeting of the group in December. There was no final feedback. The HSPA Secretariat will discuss potential dates with the co-chairs. The next meeting will take place in a virtual format.

For the time being, the HSPA Secretariat is planning for two physical meetings (in hybrid format) for 2023.

**The European Commission** gave some practical information on AGM related to reimbursement of travel costs and the definition of roles.

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