



Assessing health systems' performance: what have we done and what we can do together?

Andrzej Ry

Director for health systems,
medical products and
innovation

Brussels, 8 June 2017

The context



European health systems face growing common **challenges**: increasing cost of healthcare, population ageing associated with a rise of chronic diseases and multi-morbidity leading to growing demand for healthcare, shortages and uneven distribution of health professionals, health inequalities and inequities in access to healthcare.

We therefore need a **common and coordinated approach** to build resilient and innovative health systems for the future. A strong cooperation between all main actors is the key to achieve this goal.

Policy principles

The Commission has established a basic set of policy principles and reform options on which the Commission can base its input on health systems in the Semester.



EU agenda for health systems

Commission Communication
Effective, Accessible and Resilient
Health Systems
April 2014

Commission/EPC report on healthcare and long-term care systems and fiscal sustainability October 2016





The Commission Communication on Effective, Accessible and Resilient Health Systems proposes the following:





Jean-Claude Juncker,
President of the European Commission

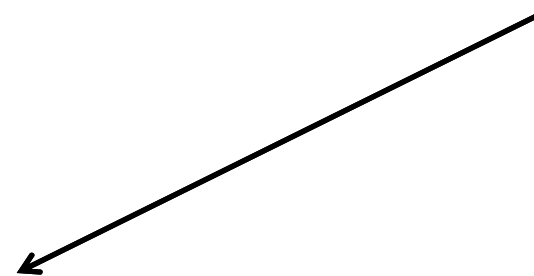
Mission Letter

Brussels, 1 November 2014

Vytenis P. Andriukaitis

Commissioner for Health and Food Safety

With focus on



Developing expertise on performance assessments of health systems, drawing lessons from recent experience, and from EU-funded research projects to build up country-specific and cross-country knowledge which can inform policies at national and European level.





The Council working party on public health at senior level invited the Commission in 2014 to set up an **expert group on health systems performance assessment**.

With this **mission**:

- ① Facilitate the exchange of knowledge
- ② Identify tools and methodologies to support national policy-makers
- ③ Focus on priority areas
- ④ Strengthen cooperation with international organisations

The Expert Group on Health Systems Performance Assessment



OECD



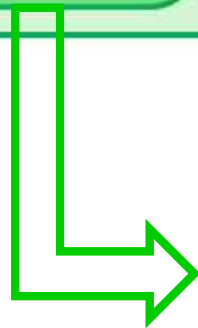
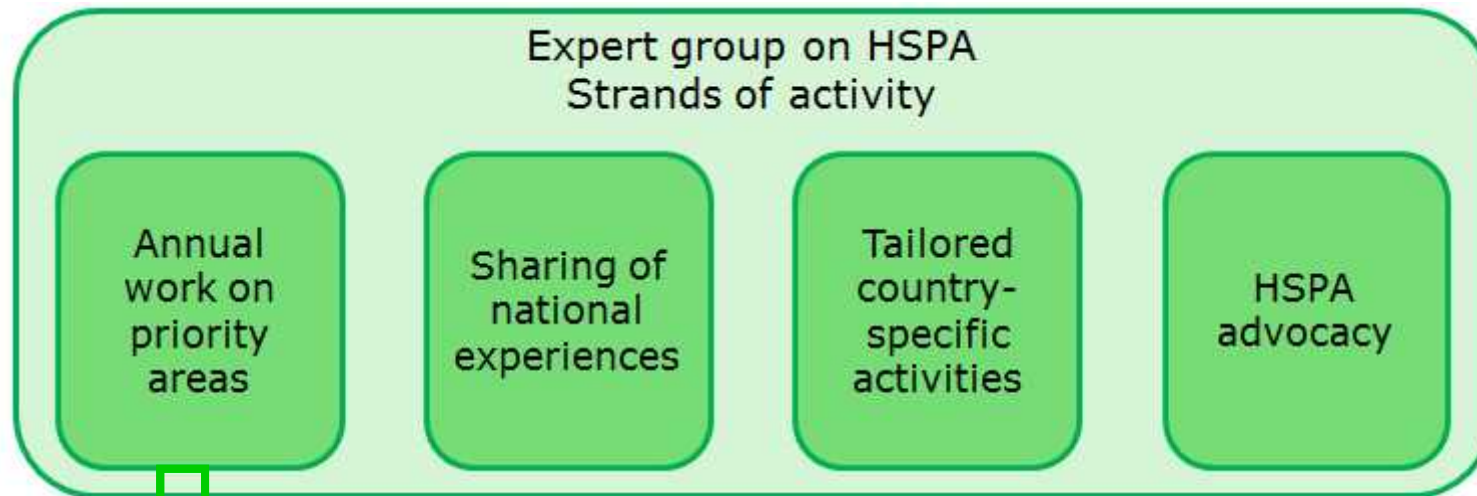
European Observatory

WHO





European
Commission



2015:
Quality of care

2016:
Integrated care

2017:
Primary care

2018:
Efficiency

2019:
Resilience





In April 2016 the Group started organising tailored country specific activities, on demand of individual Member States.

The idea behind is to use the Group as a pool of expertise to provide concrete advice on well-defined topics.

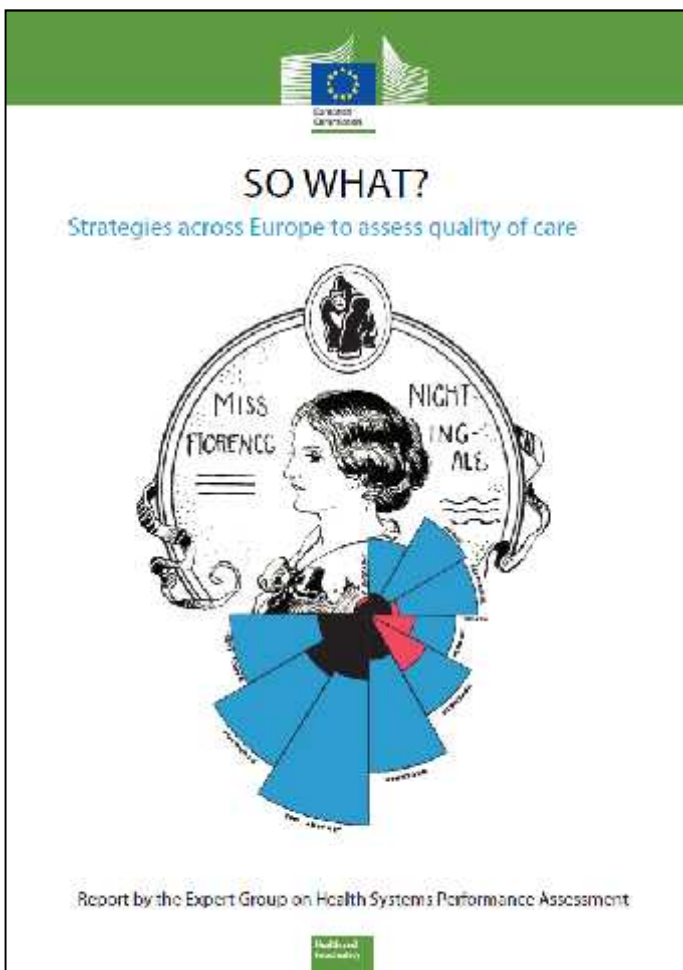
SRSS is involved and ready to provide follow-up technical assistance.



HSPA reports

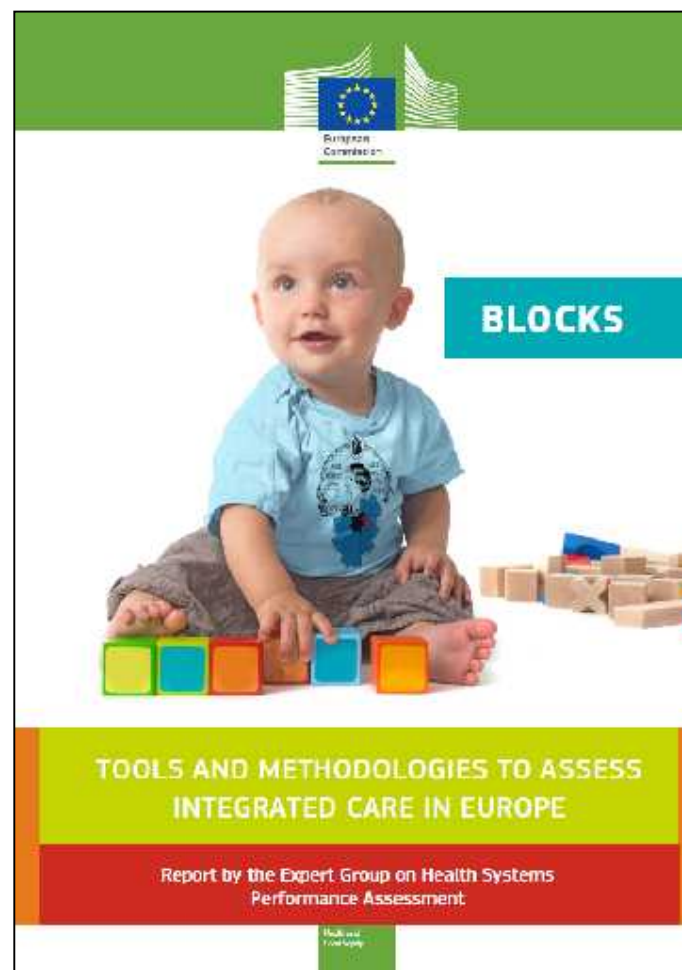


April 2016



http://ec.europa.eu/health/sites/health/files/systems_performance_assessment/docs/sowhat_en.pdf

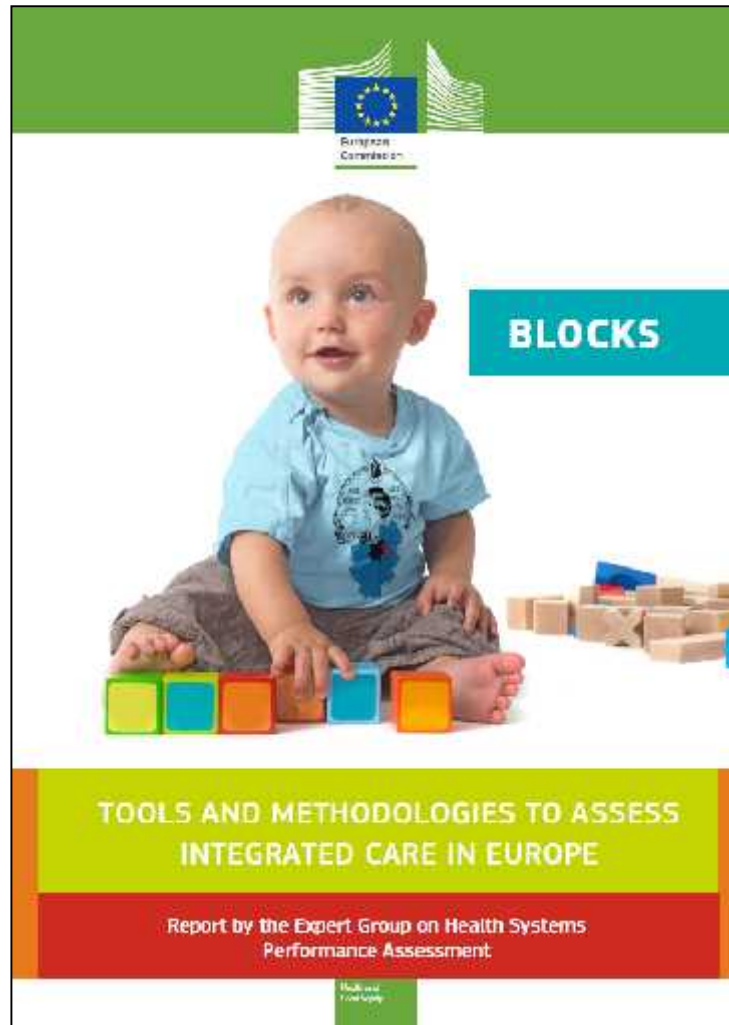
March 2017



https://ec.europa.eu/health/sites/health/files/systems_performance_assessment/docs/2017_blocks_en_0.pdf



Integrated care



I. Introduction

II. What do we mean by integrated care: theory, concepts and definitions

III. Building blocks, design principles and system levers for integrated care

IV. Measuring the performance of integrated care

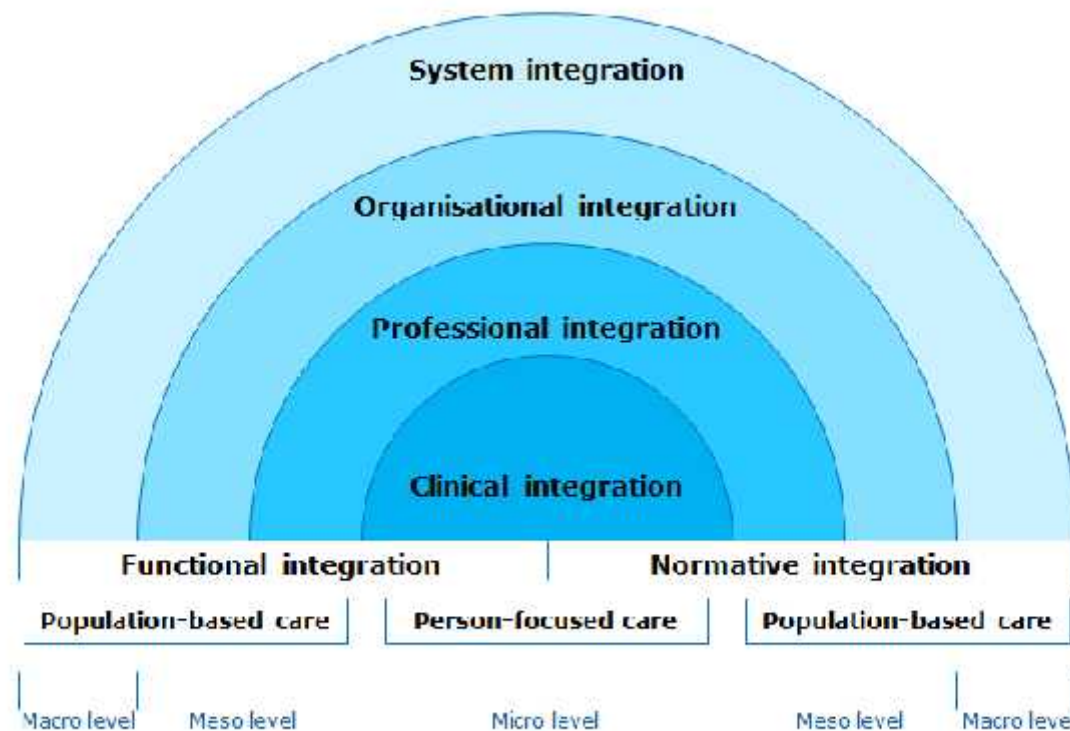
V. Conclusions



II. What do we mean by integrated care: theory, concepts and definitions

Integrated care calls for linkage or co-ordination of services and providers around the patient and along the continuum of care, seeking to reduce fragmentation and improve performance.

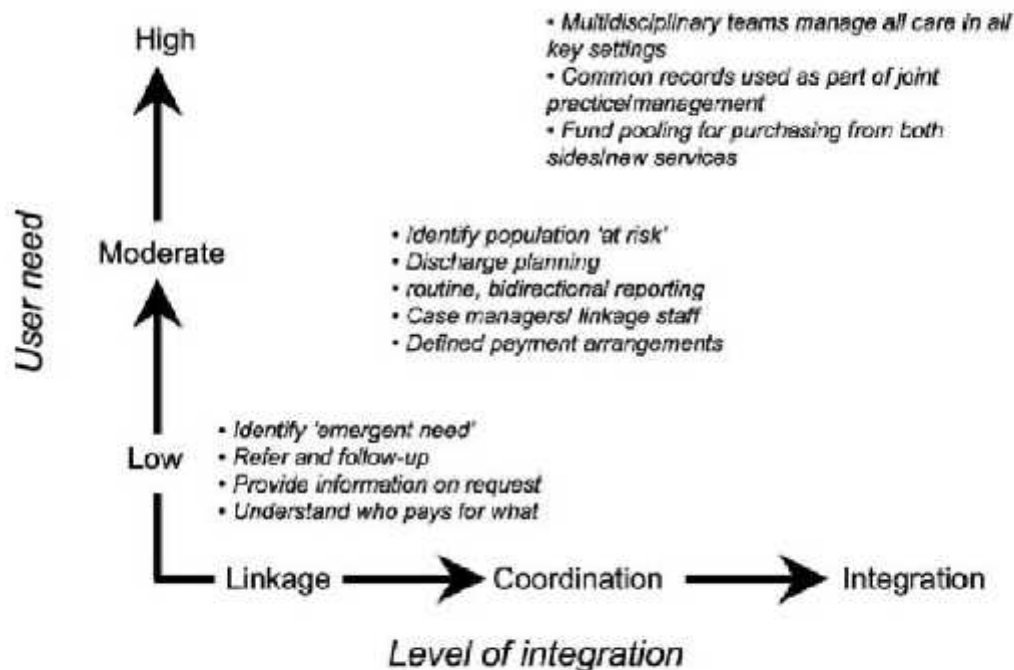
Figure 2: Different levels of care integration



Source: adapted from Valentijn et al. 2011¹⁰

II. What do we mean by integrated care: theory, concepts and definitions

Setting the level of integration against user needs to optimise care



Integrated care can be seen to be both a design principle and a means to achieve person-centred, efficient and safe care

Source: adapted from Leutz (1999)⁴ in Nolte & McKee (2008)⁷

III. Building blocks, design principles and system levers for integrated care





European
Commission

III. Building blocks, design principles and system levers for integrated care

Maturity
model for
integrated
care



Health

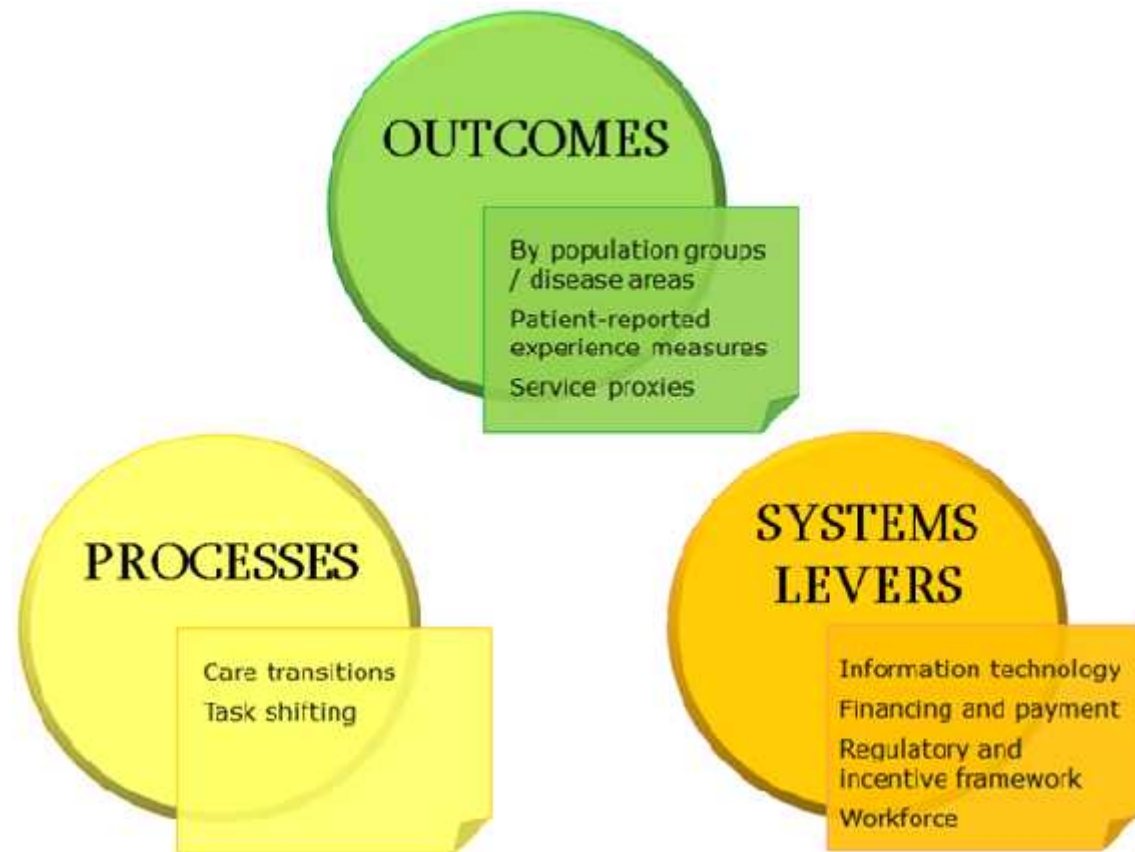
IV. Measuring the performance of integrated care

Raleigh et al. (2014) describe a broad set of considerations that may guide the selection of indicators for measuring the quality of integrated care. These are⁵:

- Size of the population covered
- Represents important aspects of the care system
- Is (wholly or partly) within the control of care services (i.e. attributability)
- Change is detectable within suitable time frames
- Unambiguous interpretation
- Likelihood of being meaningful to service users, carers and the public
- Likelihood of being meaningful to care professionals, managers and commissioners (i.e. purchasers of services)
- Reflective of the service user perspective and/or value for money perspective
- Timeliness
- Ability to assess the impact on inequalities between service user groups and areas as it relates to access to and outcomes of care
- Measurable from routinely collected data

IV. Measuring the performance of integrated care

Several proposals of **frameworks, domains, and indicators** to assess integrated care, with experiences from Austria, Belgium, Estonia, Italy, the Netherlands, Spain, Sweden, the United Kingdom, New Zealand, and the United States.



Presentation of over 60 case studies with detailed description of:

Intervention and target groups

Success factors

Transferable elements

Example:

<p>7 Geriatric Concept</p>	<p>Saxony, DE</p>	<p>Target group: geriatric patients with chronic diseases.</p> <p>Integrated care model for cross-sector cooperation of the health care providers, establishing standard assessments, introducing treatment pathways and supporting formal and informal carers.</p>	<ul style="list-style-type: none"> • Active cooperation of the health care providers in the networks, including GPs. Establishing standards and treatment pathways agreed on by all net partners. • Participation of the municipalities as key stakeholders. • The implementation process is accompanied by conferences, workshops and training courses for formal and informal carers. E.g. special training meetings for geriatrics network stakeholders ("GeriNeTrainer") every 6 to 8 weeks on the care of patients suffering from dementia turned out to be very successful. 	<ul style="list-style-type: none"> • Special screening tools. • Living environment strategies. • Guidelines and counselling and care frameworks.
----------------------------	-------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Report on integrated care - conclusions

Integrated care is not a goal in itself; it is rather a precious tool when it addresses complex care needs.

Integrated care is multidimensional and almost as complex as the needs of those to whom it is provided.

Measuring integration is different from measuring the performance of integrated care.

Building blocks, design principles and system levers for integrated care:

The transition to integrated care is a complex process with high complexity being present in all aspects

Design principles, building blocks and system levers should be included as part of the framework for assessment of integrated care.

Measuring the performance of integrated care

Integrated care models can be introduced with different goals in mind

Integrated care can be seen to be both a design principle and a means to achieve person-centred, efficient and safe care.

There is a need, or indeed an opportunity, to develop indicators that are specific to integrated care

There is no single 'right' approach that would be applicable and valid for every system.

Indicators and trends need to be interpreted carefully.

Expert Panel on Investing in Health



Provides independent non-binding advice on effective ways of investing in health

Established by Commission Decision 2012/C 198/06 following the Council conclusions of June 2011 'Towards modern, responsive and sustainable health systems'; renewed in 2017.



Expert Panel Opinions to date	Requested by	Adoption	Public Consultation
Best practices when commissioning from private providers	ECFIN	May 2016	
Typology of health policy reforms	ECFIN	May 2016	
Disruptive Innovation	SANTE	Feb 2016	Yes
Access to health services	SANTE	Feb 2016	Yes
Cross-border Cooperation	SANTE	July 2015	
Competition among health care providers in the EU	ECFIN	May 2015	Yes
Quality of health care / Patient safety	SANTE	Oct 2014	Yes
Definition Primary Care	SANTE	July 2014	Yes
Criteria to assess performance of health systems	WPPHSL - Sub-group on HSPA	Feb 2014	
Assessment of a PPP study	SANTE	Feb 2014	

The Panel is currently working on benchmarking access to healthcare, performance assessment of primary care, and innovative payment models for high-cost innovative medicines.



Another key step in assessing health systems' performance:



State of Health in the EU
Pooling expertise, strengthening knowledge

WHAT? Bringing together internationally renowned expertise to strengthen country-specific and EU-wide knowledge on health in a two-year exercise

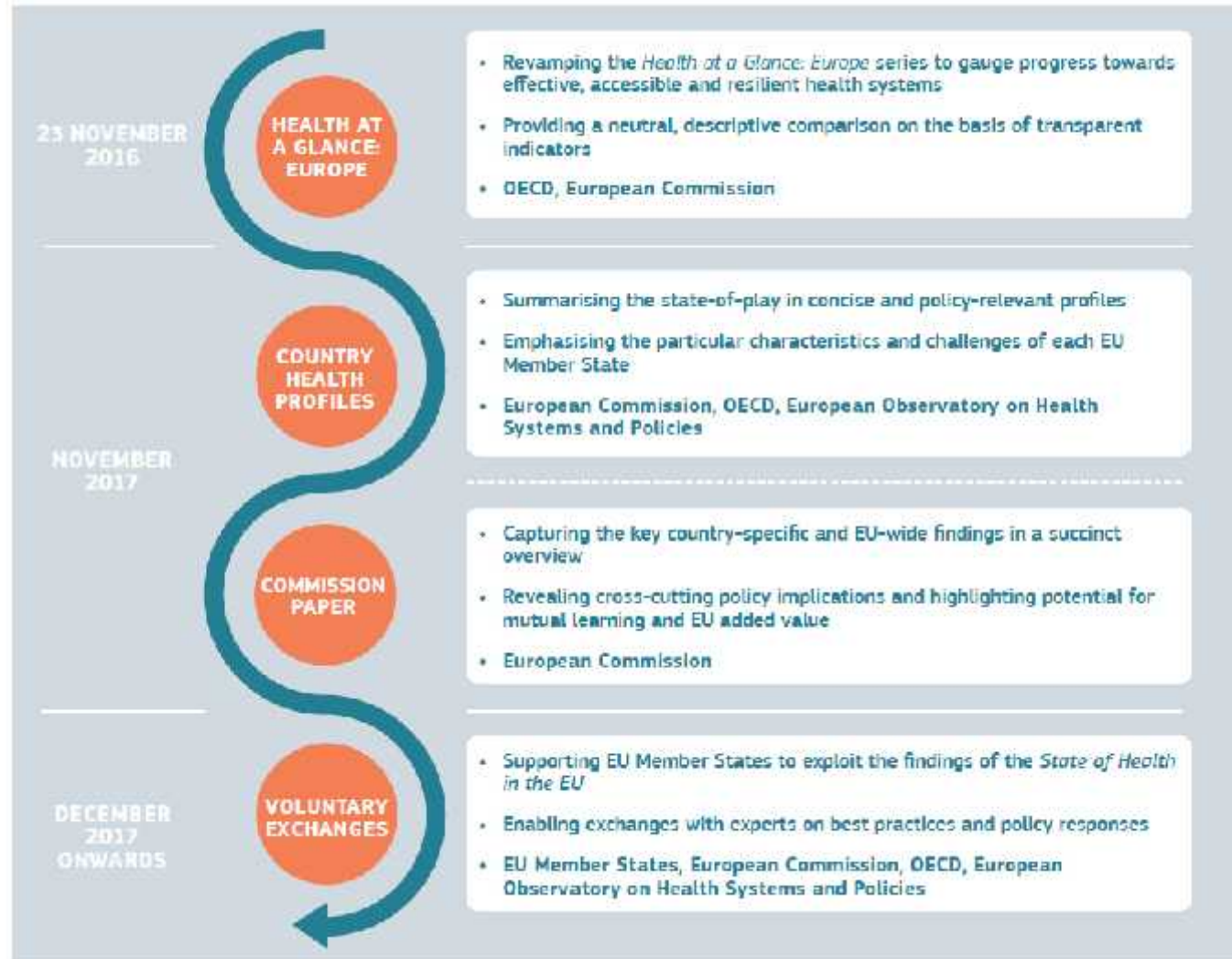
WHY? To better support EU Member States in their evidence-based policy making and boost analytical capacity



Diagram illustrating the State of Health in the EU project, involving the OECD, the European Observatory on Health Systems and Policies, and the European Commission, all contributing to the State of Health in the EU.



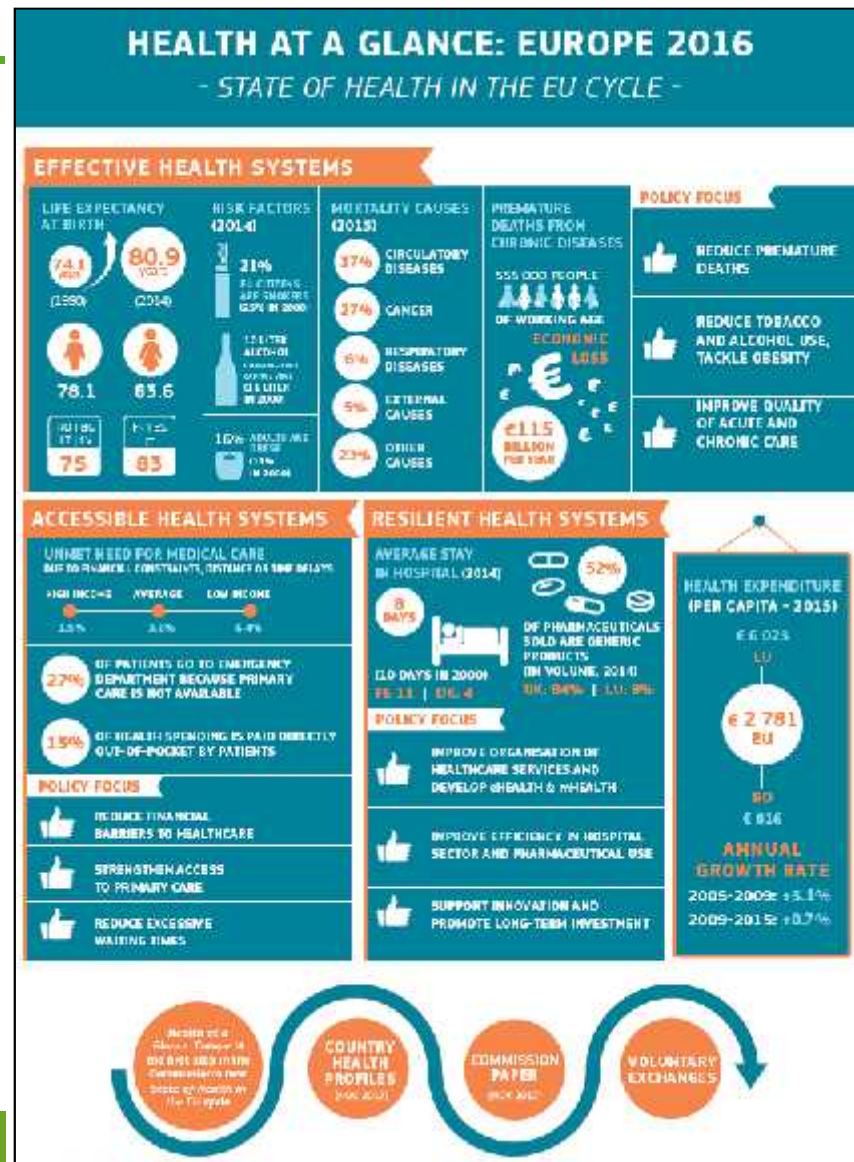
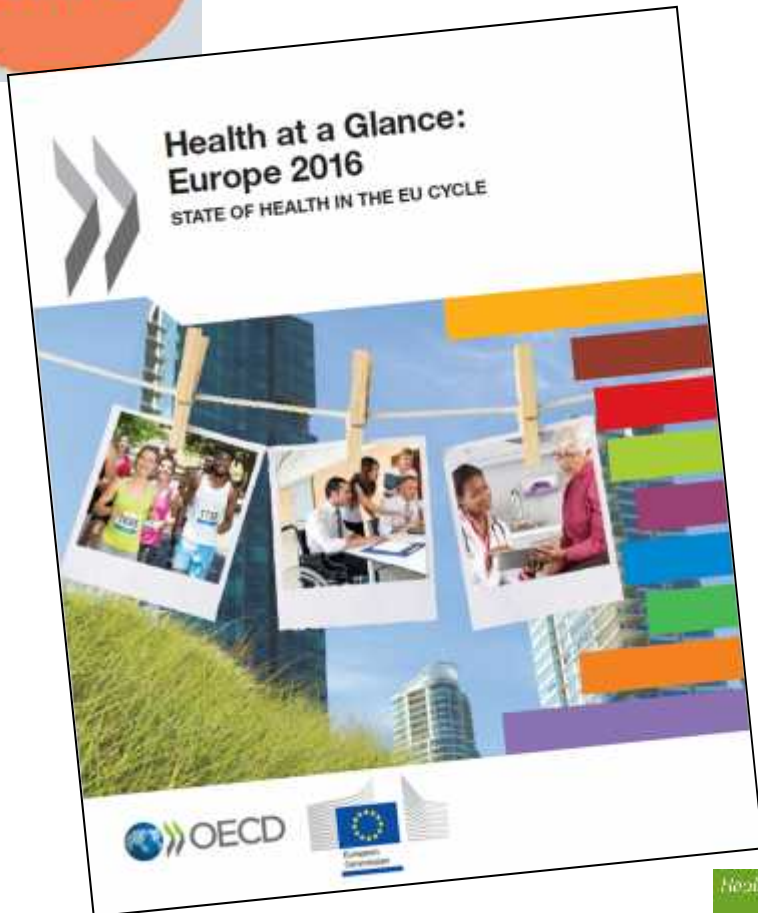
European
Commission





European
Commission

**HEALTH AT
A GLANCE:
EUROPE**





Next steps

The work of the expert group on health systems performance assessment goes on, with

- the production of new tools and methodologies on:
 - Primary care (by early 2018)
 - Health system's Efficiency (early 2019)
 - Health system's Resilience (early 2020).
- more country-tailored activities.

State of Health in the EU also goes on with the publication of 28 country profiles by the end of 2017.

Thank you

And best wishes for a productive
workshop!