



Health Reform Monitor

An EU approach to health system performance assessment: Building trust and learning from each other[☆]



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ABSTRACT

EU countries have recently joined forces to carry out common work on health systems performance assessment (HSPA). After the signature of the Tallinn Charter in 2008, a small group of countries brought the issue of HSPA on the EU agenda; this led the European commission and member states to set up an expert group on HSPA in 2014. This group started by facilitating the exchange of best practices and lessons learnt, with an eye to avoiding duplications with activities of international organisations. While progressing on its work, the group broadened its scope: it stepped into concrete work on policy priorities such as the assessment of quality of care, integrated care and primary care. It also moved into the organisation of country-tailored events and of advocacy activities. We identify three main strength factors of the EU expert group on HSPA. First, it is built through a bottom-up participatory approach, which promotes a sense of ownership by the members. Second, it developed a flexible and pragmatic attitude, which makes it able to constantly adapt to emerging needs and priorities. Finally, the group positioned itself in a niche that was still to be exploited: the identification of ways to translate HSPA findings into effective policy making.

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1. Why assessing health system performance?

Health systems are large and complex; they comprehend all activities whose primary purpose is to promote, restore, and maintain health [1]. To ensure equity in health, a health system has to be able to reach population groups with different needs, living in diverse environments, with uneven means and capacities [2]. Health systems embrace resources, organisations, financing mechanisms and management models that culminate in the delivery of health services to the population they serve; they are the results of decisions taken by many players at different points in time to face a broad spectrum of problems that go from communicable disease epidemics to the increasing number of persons living with the multiplication of chronic conditions [3].

As a consequence, modern health systems are extremely expensive: in western countries health absorbs in average one tenth of

the GDP and one seventh of all public expenditures [4,5]. In the field of human health, to spend money well is not just a matter of good management, but also a moral duty; a good comprehension of the health system is vital to check that the resources put into the system are used in the best way, and for policy makers to remain accountable to citizens.

The complexity of health systems makes it challenging to embrace them in a comprehensive view; however, trying to understand how they work is essential. Health system performance assessment (HSPA) was developed to reply to this need [1]. According to the World Health Organization, HSPA is a country-owned, participatory process that allows the health system to be assessed as a whole, using a limited number of quantitative and qualitative indicators, and that should be linked to national health plans of strategies whenever possible [6].

HSPA was pioneered by Florence Nightingale in her seminal work during the Crimea war [7] and by Ernest A. Codman in the early twentieth century [8]. The WHO and the OECD have been recommending for a long time to build better knowledge of health system performance [9,10]. What we keep struggling with, however, is how to translate data, facts and analyses into sound learning, policy making and policy development [11–13].

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2. Bringing HSPA at EU level

In 2008 all European countries subscribed the Tallinn Charter [14], committing themselves to strengthen their health systems and improve their performance. Soon after the signature of the Charter, Sweden – then rotating president of the EU – brought HSPA to the attention of top health policy makers in the European Union.

This first attempt faced some scepticism: some countries feared that an EU initiative would interfere with national competencies, or that performance assessment would result in unfair and unscientific ranking of health systems that did not reflect contextual factors. However, despite the initial doubts, the Swedish initiative led to a deeper understanding of HSPA among policy makers and managed to start off a debate within the EU family.

On this wave, EU countries decided in 2011 to embark together in a reflection on modern, responsive and sustainable health systems [15]. Within this process, Sweden coordinated a working group on health system measuring and monitoring, which concluded its tasks inviting European countries to develop together new ways of working on HSPA.

Senior officials from EU countries endorsed these conclusions and invited the European Commission to facilitate this process in close cooperation with member states. As a result, the EU expert group on health systems performance assessment was set up in autumn 2014, under the co-chair of Sweden and the Commission (DG SANTE).

In the same months, as an evidence of the growing HSPA momentum in the EU, Commission president Juncker invited the commissioner for health – Dr Vytenis Andriukaitis – to develop expertise on performance assessments of health systems and build up country-specific and cross-country knowledge to inform policies at national and European level [16].

3. The EU expert group on HSPA: mission and actions

The expert group on health systems performance assessment was constituted on a voluntary ground; its mission was composed of four objectives [17]:

- To provide a forum to European countries for the exchange of experiences in HSPA;
- To support policy makers in their HSPA activities;
- To define criteria for identifying policy priorities where to focus performance assessment;
- To intensify cooperation with international organisations in this field.

Almost all EU member states joined the expert group, as did Norway, the OECD, the European WHO office, and the European Observatory on Health Systems and Policies. The first meeting of the expert group took place in November 2014 in Brussels [18], as it is common practice for all Commission expert groups.

Sweden offered to host the second meeting in Stockholm. This paved the way to what would have become a tradition of holding each second meeting in a different European capital. At the time this article was sent to press, the group had met in Berlin, Rome, Vienna, Luxembourg, Paris, and Lisbon.

At the beginning, the expert group mostly provided a venue to facilitate the exchange of good practices across European countries. At every meeting, countries and international organisations have been presenting their experiences and discussing components of common interest (e.g. national HSPA initiatives, criteria for regional comparisons, data governance, etc.) [19]. These discussions have been always kept at technical/expert level, to allow participants to openly present strengths and weaknesses of their systems, to share

| So What? Strategies across Europe to assess quality of care Main conclusions of the report |
|--|
| Quality assessment in the broader context <ul style="list-style-type: none"> → Put quality into a broader framework → Adopt large boundaries for health systems → Define the level and goal of quality assessment → Define targets and benchmarks → Ensure independence between different assessment phases → Put the patient at the centre |
| Indicators and data quality <ul style="list-style-type: none"> → Indicators only indicate → Complement process indicators with outcome indicators → The use of old data reduces their explanatory power → Rely on powerful health information systems |
| Communication and follow up <ul style="list-style-type: none"> → Present findings that are easy to read and understand → Share the findings of the assessment transparently → Present concrete recommendations |

Box 1. Main conclusions of the first report of the HSPA expert group.

good lessons to replicate and negative experiences and pitfalls to avoid.

Furthermore, according to its mission, the expert group defined criteria for identifying policy priorities for performance assessment. This work was initially based on a rough model developed by a group of volunteers and refined by the Expert panel on effective ways of investing in health [20].

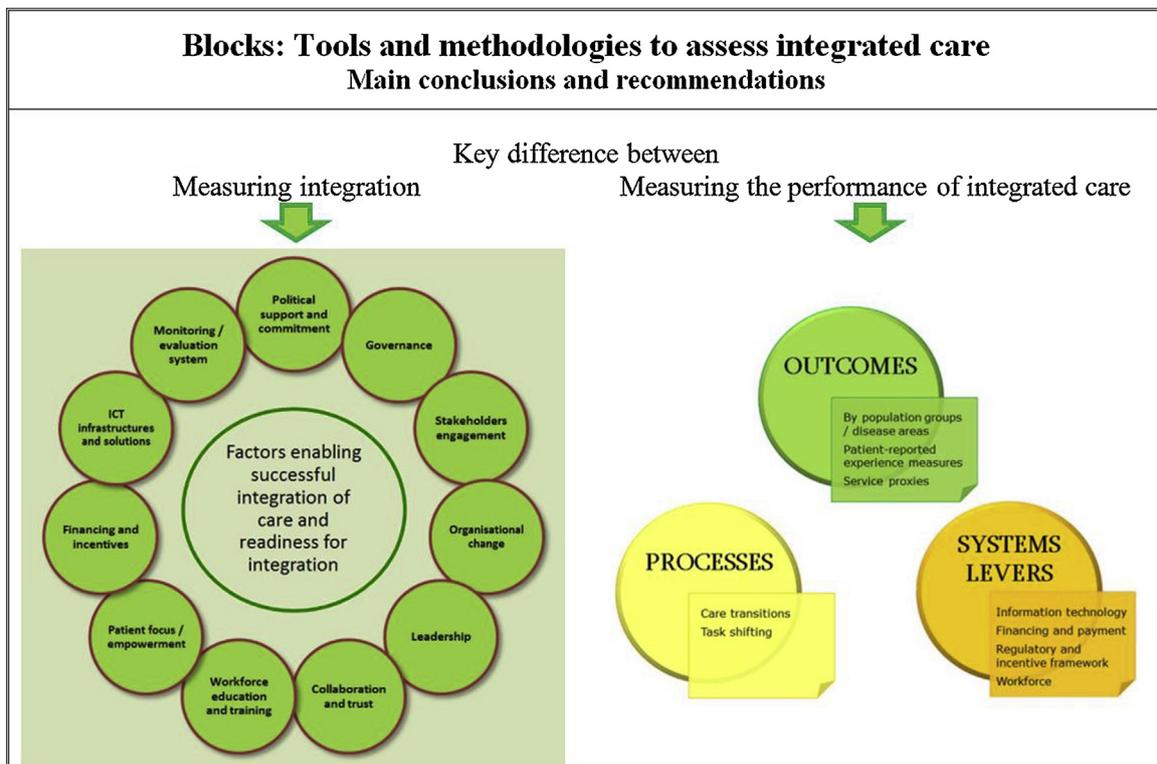
The group soon moved to more ambitious objectives: it actually defined not just criteria, but also concrete policy priorities. It established a list of 'hot topics' (quality of care, integrated care, primary care, efficiency and resilience of health systems) and agreed to focus every year on one of them, to identify tools and methodologies that could be useful to policy makers.

During 2015, the group focused on the assessment of quality of care. At the end of the year it collected in a report a selection of country experiences, key findings, lessons learnt, and recommendations [21]. The emphasis was on the policy use of data and information, rather than on their collection and first analysis; **Box 1** presents a short summary of the main conclusions of the report.

Following the same line, the expert group identified and developed tools and methodologies to assess integrated care in 2016 [22] and primary care in 2017 [23], and started working on the assessment of health system efficiency in 2018. **Box 2** points at the main conclusions of the report on integrated care; the expert group highlighted that measuring the level of integration of care is different from measuring the performance of an integrated care system. The report recognises that these activities respond to diverse policy requests and are equally useful; it thus proposes separated sets of tools for assessing the level of integration of the system and its performance.

In particular, while working on primary care the expert group re-established and strengthened the cooperation with the Expert panel on effective ways of investing in health. Within this partnership, the panel produced an opinion on how to assess the performance of primary care [24], which contributed substantially to the work of the group.

Another unplanned strand of action saw the light in Rome in April 2016: when the Italian Ministry of Health offered to host the meeting of the expert group, it also proposed to hold a back-to-back seminar with Italian experts and authorities on the measurement of integrated care. Many members of the expert group attended and contributed to this event, which paved the way for more country-tailored activities. Slovenia requested a two-day expert workshop on healthcare quality indicators, to gather views and advice in



Box 2. Main conclusions of the second report of the HSPA expert group.

dialogue with representatives of the expert group. Hungary then hosted a two-day event to publicly launch the first national HSPA report and involve experts from the group in its evaluation to better shape its second edition.

Finally – again moving the boundaries of its original mission – when Sweden handed over the co-chair to Belgium, the expert group started advocating for the promotion of effective use of HSPA in sound policy making. It did it by producing and disseminating reports to support policy makers in carrying out HSPA and in translating it into actual policy making. It also supported the production of additional material, like a practical guide with tips and advice on reporting and communicating the findings of the assessment [25]. Moreover, the expert group reports regularly to senior officials and ministers of health of EU countries, acting like a collective 'HSPA ambassador'.

4. Strengths and added value of the expert group

There is no strong legal basis to justify the existence of the expert group: there is neither a regulation, nor a directive that calls for EU engagement on HSPA. Despite looking like a weakness, this has been a factor of strength for the group, testifying that the process is fully voluntary and grounded on the good will of its members.

The expert group was established having in mind that European countries should be its owners. This could work only through a participatory approach, in which every member of the group was able to have its voice heard and listened to. Since the beginning the expert group was not mandated to develop binding recommendations or obligations for member states. This free setting allowed experts to engage in open talks, without political constraints, resulting in a bottom-up process that created room for testing innovative ideas.

Holding every second meeting in a different European capital added the great value of being guests in each other country, allowing group members to have a better sense of real-life situation lived

by their peers, to escape the feeling to be part of a 'Brussels-centred' process, and to open to a broader participation of national experts overall.

The goal of the expert group was never to develop new indicators or to engage in theoretical research, but rather to understand how the existing material could be used to support the policy making process. As a practical rule, the group has always started its reflections from information and methodologies that were already available, to then see how to use them effectively.

With this goal in mind, the expert group got engaged into free searching, always dedicating more time to the debate than to frontal presentations. The approach has always been hands-on: practical and operational advice, rather than sophisticated theoretical development. This process led to a pragmatic and flexible attitude: the group did not glue to a fixed format, but has developed the capacity to adjust its modus operandi to constantly adapt to emerging needs.

Fig. 1 shows how the scope of the HSPA expert group evolved over time, moving from a simple forum for the exchange of information and good practice into a hub that produces tools and methodologies on several priority areas, kick-off country-tailored activities and advocate for better use of HSPA.

Beside the work that involves all members, the expert group developed country-tailored actions following specific demands and expressions of needs. Hungary embarked in its own HSPA exercise, by which it managed to institutionalise cooperation among a wide range of stakeholders and identify eleven main performance shortcomings, together with their contributing causes [26,27]. Latvia and Slovenia are currently in the process of producing their first HSPA report, making use of the technical support provided by the European Commission through the structural reform support service [28,29].

The expert group does not work in isolation in the setting of EU institutions. It built a strong collaboration with the expert panel on effective ways of investing in health, which was helpful in provid-

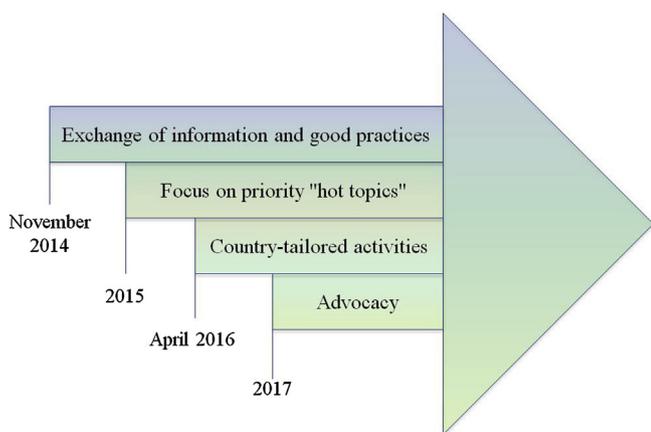


Fig. 1. Broadening of the scope of the HSPA group over time.

ing criteria for selecting priority areas in the first phases of work of the expert group and in identifying tools and methodologies for the assessment of primary care [20,24]. The expert group developed also a close collaboration with the expert group on health information (EGHI), which is in charge of advising on health information needs and facilitating the exchange of best practices on health information in European countries [30].

The European Observatory on Health Systems and Policies, the OECD and the European WHO office have been on board since the start and were instrumental in the success of the expert group. Meeting regularly within the expert group has allowed the different organisations to stay constantly updated on their progresses and their plans. This also permitted regular fine-tuning of everyone's approach and overall consistency of the policy framework.

Every organisation has its own expertise and mission clearly defined and recognised, making it possible for them to act in a spirit of cooperation, not of competition. The specificity of the group was a key factor in avoiding duplications and in promoting synergies. In fact, the expert group positioned itself in a niche which was still to be exploited: the identification of ways to translate HSPA findings into effective policy making.

5. Conclusion

In recent years, European countries and the Commission realised the importance to work together on health systems performance assessment. They recognised the need to understand how things work in health systems and why they work. They also wanted to help decision makers translate HSPA findings into effective policies and reforms.

Starting a common HSPA journey was not straightforward; as many new processes it passed through an initial phase of caution and skepticism. The EU expert group on HSPA started with a narrow scope to allow its members to know each other and define together a common path.

Together with mutual trust, the group started developing more ambitious goals. It moved from simple exchange of experiences to more structured analyses of specific policy areas and country-tailored experiences, building a stronger and clearer advocacy role.

The strength of the group – and thus of the EU work on HSPA – is likely due to a small set of reasons. The first is its participatory and inclusive nature; European countries were firmly in the driving seat since the very first steps of the process. Together with the Commission, they managed to build a setting in which every player was able to have her voice heard and contribute to define goals, activities, and ways of proceeding.

The second factor is the flexibility of the group and its capacity and willingness to adapt to different needs that appeared along the way. The group has been constantly able to rethink its way of working and its scope to develop activities in new policy areas or in specific countries, and to invest in advocacy.

The third and final reason why the group succeeded is its capacity to find a place that was not yet taken by anyone else: the translation of HSPA findings into sound policy making. This clear role and mission allowed the group to collaborate with other international players without generating tensions and actually catalysing new forms of proactive cooperation.

One may think that embarking in a bottom-up, participatory and inclusive process is a long, time-absorbing task. Yet, our experience goes in the opposite direction: after slightly more than three years from its set-up, the expert group on HSPA is a well consolidated reality, firmly positioned and respected in the international scene.

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