

State the art of performance information in Europe?

Examples from international and national initiatives

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with thanks to Dheepa Rajan, Katharina Achstetter and Miriam Blümel

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healthobservatory.eu

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EHMA 2023
Health management:
sustainable solutions for complex systems
5-7 June 2023 - Rome, Italy



European
Observatory
on Health Systems and Policies
25 years a partnership hosted by WHO

Outline

What (other) (good) examples do we have for publicly reported performance information?

- 1 Non- or intergovernmental resources that regularly build and share available performance indicators with the public
- 2 Country-level experiences with public reporting and health systems performance assessment (HSPA)

Non- or intergovernmental resources that regularly build and share available performance indicators with the public



What do we mean by performance measures?

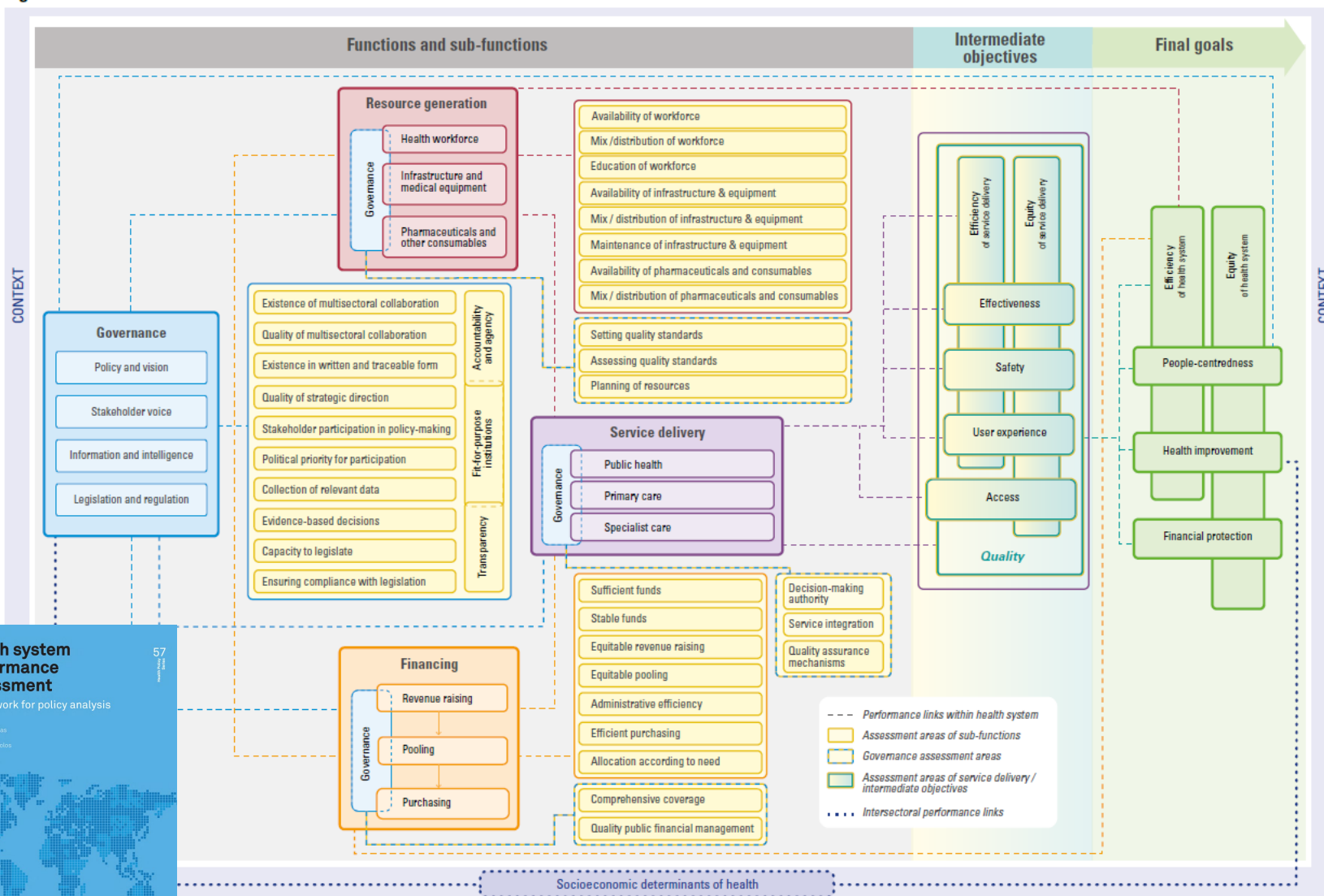


Table 7.3 Indicative measures for specialist care

quantitative

Assessment area	Indicative measures	S	P	O	Note	Strengths and weaknesses
Effectiveness	In-hospital mortality rate within 30 days of admission for acute myocardial infarction or stroke			✓		Routinely available for OECD countries only (OECD.Stat, 2020a)
	Perioperative mortality rate			✓		Available for 18 high- and middle-income countries from (The Lancet Commission on Global Surgery, 2015)
Safety	Proportion of the population without access to safe, affordable surgery and anaesthesia	✓				Available from Alkire et al. (2015)
User experience	Estimated percentage of seriously injured patients transported by ambulance			✓		Estimates available from WHO (2016b)

Table 7.4 Indicative measures for governance of service delivery qualitative

Assessment area	Indicative measures	Notes
Decision-making authority	What degree of autonomy does the service delivery entity (facility, district, provider network, region) have to take operational, tactical and strategic decisions?	Operational decision concern day-to-day decisions such as scheduling of health workers, distribution of supplies, scheduling surgeries, etc. These are generally simple, routine decisions. Tactical decisions concern the ability to negotiate contracts, set targets, etc. They are more complex than operational decisions and require a medium-term vision of how to achieve the goals as set out in a policy or strategy. Strategic decisions concern long-term planning, making trade-offs between different long-term priorities, forming alliances, adapting to external changes that affect planning and implementation (for example, competition with other provider networks/hospitals, changes in legislation, demographic trends, environmental concerns)
Service integration	Existence of national-level strategy/ plan/ policy to promote integrated service delivery	Supporting questions: Does strategy set out clearly defined goals, identified measures and responsible bodies to ensure implementation? Are there other mechanisms to facilitate integrated service delivery in place such as identified referral pathways; incentives to promote provider coordination/joint working through for example, the creation of multi-disciplinary teams or provider networks; mechanisms supporting the implementation of shared health records?
Quality assurance	Existence of national approaches for quality assurance of health services	Supporting questions: Does country/region have a strategy to ensure high-quality care at all levels in the system with clearly defined goals, identified measures and responsible bodies to ensure implementation?

Health system performance assessment
A framework for policy analysis

Edited by Irene Papanicolas, Dinesh Rajan, Marina Karanikolaou, Agnes Soucat, Josep Figueras

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Observatory World Health Organization

Country monitoring at the European Observatory

Three longstanding 'core' monitoring activities with **open access** products

- Consistent, comparable health system reviews: **Health System Reviews (HiTs)**, HiT Summaries & HiT Template
- Updates and sharing of country information: Health System and Policies Monitor (**HSPM**) and the COVID-19 Health System Response Monitor (HSRM)
- **State of Health in the EU** programme (includes profiles and voluntary exchanges)

New

- Health Systems in Action Insights for non-EU countries



FIG. 7.3 Avoidable hospital admission rates for asthma, chronic obstructive pulmonary disease, congestive heart failure, hypertension and diabetes-related complications, in Sweden and selected countries, 2020 (or latest available year)

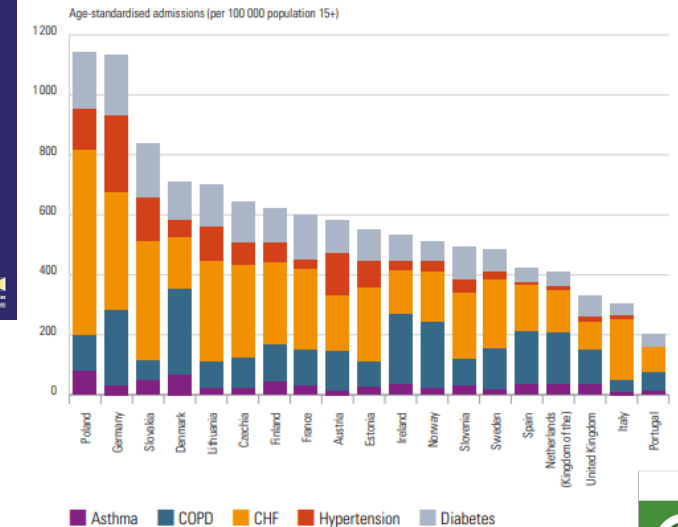
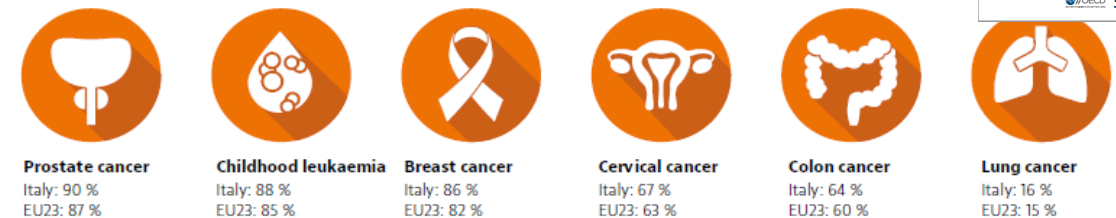


Figure 12. Italy fares well compared with other EU countries for five-year cancer survival rates



WHO Barcelona Office for Health Systems Financing

- **Financial protection reports** - 22 WHO EURO countries since 2018
 - Financial protection – ensuring access to health care is affordable for everyone –central to universal health coverage (UHC) and a core dimension of health system performance
 - Reports are based on analysis of common indicators used to monitor financial protection; **out-of-pocket payments** can create a financial barrier to access, result in financial hardship and lead to **financial hardship** for people. These indicators are generated from household survey data from participatory reviews. The reviews identify the health system factors that undermine financial protection; high-level policy; and draw attention to areas that need further analysis.
 - Aim of the reports is to provide policymakers with robust, context-specific and actionable evidence to use to move towards UHC.

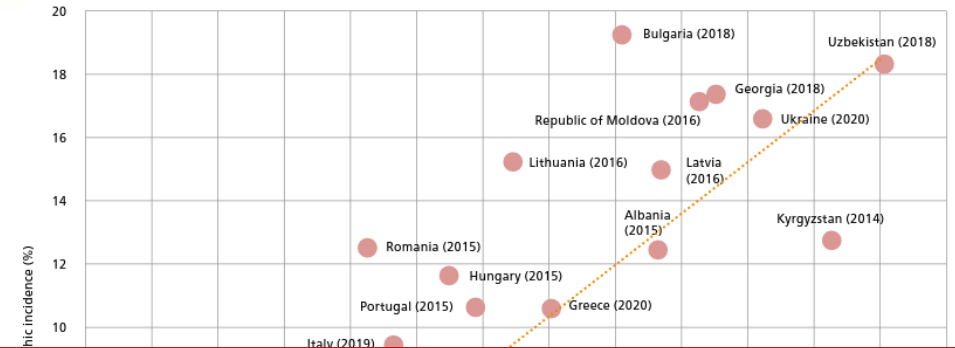
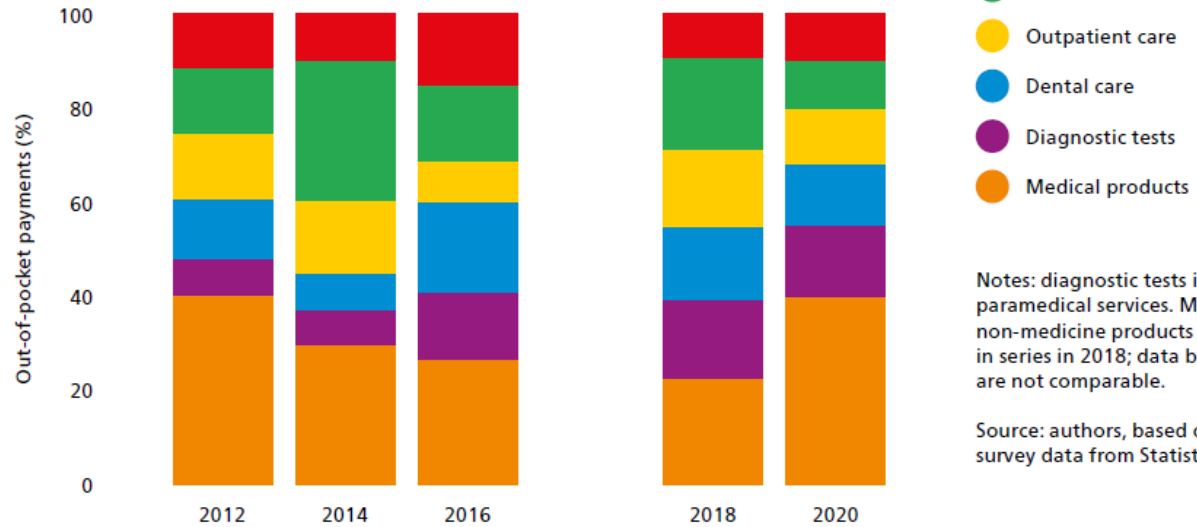


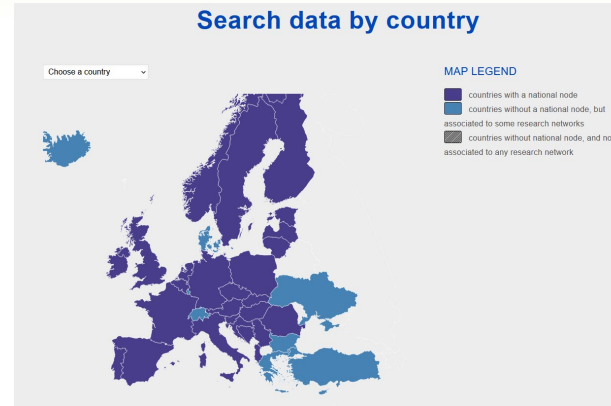
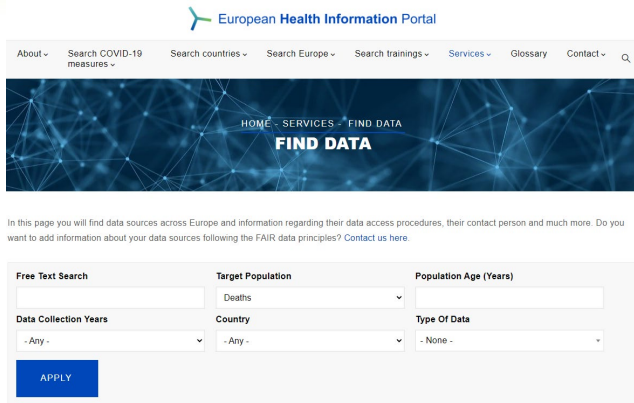
Fig. 22. Breakdown of catastrophic spending by type of health care



Notes: diagnostic tests include other paramedical services. Medical products include non-medicine products and equipment. Break in series in 2018; data before and after 2018 are not comparable.

Source: authors, based on household budget survey data from Statistics Belgium.





PHIRI

- EU-funded project bringing together health information and expertise through health information portal
- Aims to generate the best available evidence for research on health and well-being of populations as impacted by COVID-19
- Outlines the activities and resources needed to ultimately improve national health information systems and provide an integration of information sharing and dissemination at the European level

TEHDAS

- EU-funded Joint Action developing European principles for the secondary use of health data
- Carried out by 25 European countries and coordinated by the Finnish Innovation Fund Sitra
- Country visits to collect an overview of the state-of-play of the national health data management developments



Country visit – Finland

Data collections/sources

- The Finnish national eHealth infrastructure Kanta is a centralised patient data repository for wellbeing and social welfare information. Kanta is maintained by the Social Insurance Institution Finland (Kela). Kela also holds drug reimbursement, prescriptions data, and social benefits data.
- Cross-border ePrescription service has been running through the Kanta platform since 2019. Work on developing the digital patient summary exchange system with other MS is ongoing.
- Districts have their own data lakes where data is available for secondary use, located at universities and hospitals. HUS is the largest healthcare provider in Finland and operates a data lake for the HUS region containing decades of clinical information.
- The Finnish Institute of Health and Welfare (THL) has comprehensive datasets in the social and healthcare sector. It contains population monitoring data in the form of national register, population surveys and biobanks. THL has 16 social and healthcare registers.
- Biobanks are distributed across 11 hospital biobanks, six of which are hospital biobanks linked to hospital data lakes.
- The Finnish Biobank Cooperative FinBB was established to provide a centralised access to collection and services of the Finnish biobanks through their [Fingenious gateway](#) service.

Country-level experiences with public reporting and health systems performance assessment (HSPA)



Public reporting as a quality strategy – status quo in Europe

- The scope of reporting systems ranges from single indicators, such as waiting times, to detailed information about structures, processes and outcomes of care.
- Both public and private sectors sponsor public reporting initiatives - public initiatives are dominant for hospital care, while several private initiatives exist for physician practices.
- Regulation and oversight of public reporting through governments and other public actors is more pronounced in hospitals than for ambulatory care.
- Important challenges for public reporting initiatives:
 - ✓ achieve a high degree of coverage across
 - participating providers
 - care covered by relevant indicators
 - ✓ strong government involvement is key to achieving high coverage of providers and high quality of data.

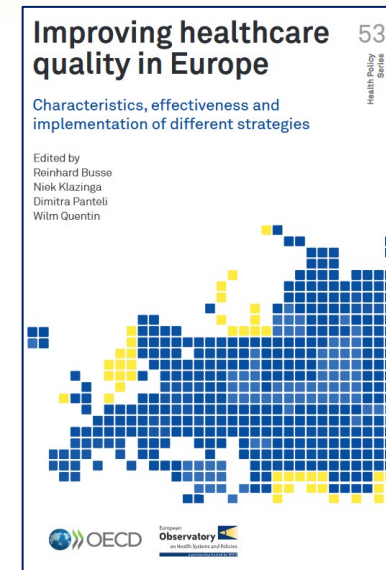


Table 13.1 Overview of public reporting initiatives in Europe (2019)

Country	Website	Focus			Sponsorship
		GPs	Specialists	Hospitals	
Austria	kliniksuche.at			✓	public
	docfinder.at	✓	✓		private
Denmark	esundhed.dk	✓	✓		public
	sundhed.dk			✓	public
	sundhetskvalitet.dk			✓	public
Estonia	Quality Bonus Scheme (QBS) ^a	✓			public
France	scopesante.fr			✓	public
Germany	AOK Gesundheitsnavigator ^a	✓	✓	✓	public
	deutsches-krankenhaus-verzeichnis.de			✓	private
	g-ba-qualitaetsberichte.de			✓	public
	jameda.de ^b	✓	✓		private
	qualitaetskliniken.de ^c			✓	private
	weisse-liste.de	✓	✓	✓	private

Germany – considerable activity, but...

Table 13.1 Overview of public reporting initiatives in Europe (2019)

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	sundhed.dk			✓	public
	sundhetskvalitet.dk			✓	public
Estonia	Quality Bonus Scheme (QBS)*	✓			public
France	scopesante.fr			✓	public
Germany	AOK Gesundheitsnavigator*	✓	✓	✓	public
	deutsches-krankenhaus-verzeichnis.de			✓	private
	g-ba-qualitaetsberichte.de			✓	public
	jameda.de*	✓	✓		private
	qualitaetskliniken.de*			✓	private
	weisse-liste.de	✓	✓	✓	private

GLOBAL HEALTH POLICY

DOI: 10.1377/hlthaff.2022.00470
HEALTH AFFAIRS 42,
NO. 4 (2023): 566-574
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The People-to-People Health
Foundation, Inc.

By Esra Eren Bayindir and Jonas Schreyögg

Public Reporting Of Hospital Quality Measures Has Not Led To Overall Quality Improvement: Evidence From Germany

Table 13.2 Publicly reported indicators on hospital care (2019)

Country	Website	Indicators			Patient experience/satisfaction	Composite indices	Open comments
		Structure	Process	Outcomes			
Austria	klinische.at	✓	✓				
Germany	AOK Gesundheitsnavigator*	✓	✓	✓	✓	✓	
	deutsches-krankenhaus-verzeichnis.de	✓	✓	✓			
	g-ba-qualitaetsberichte.de	✓	✓	✓			
	qualitaetskliniken.de	✓	✓	✓	✓	✓	
	weisse-liste.de	✓	✓	✓	✓	✓	

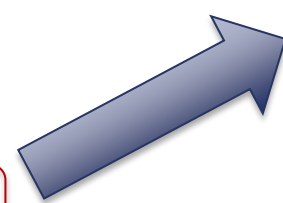
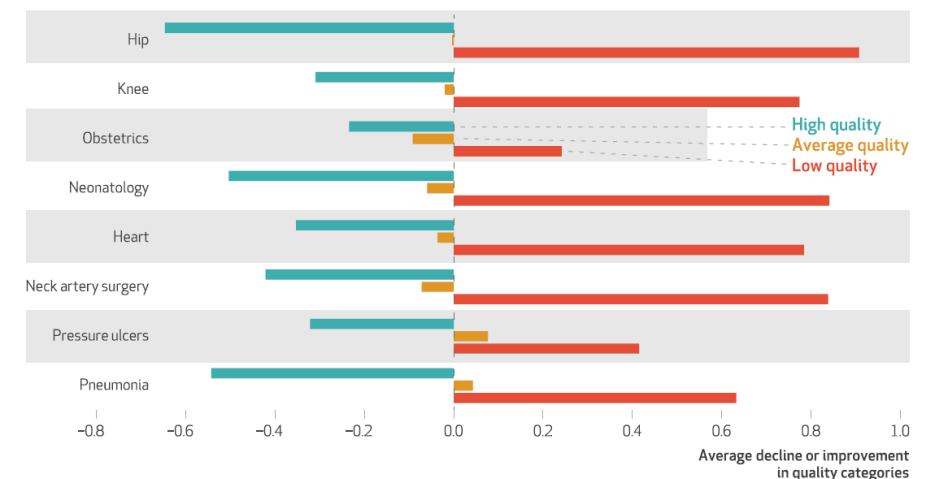


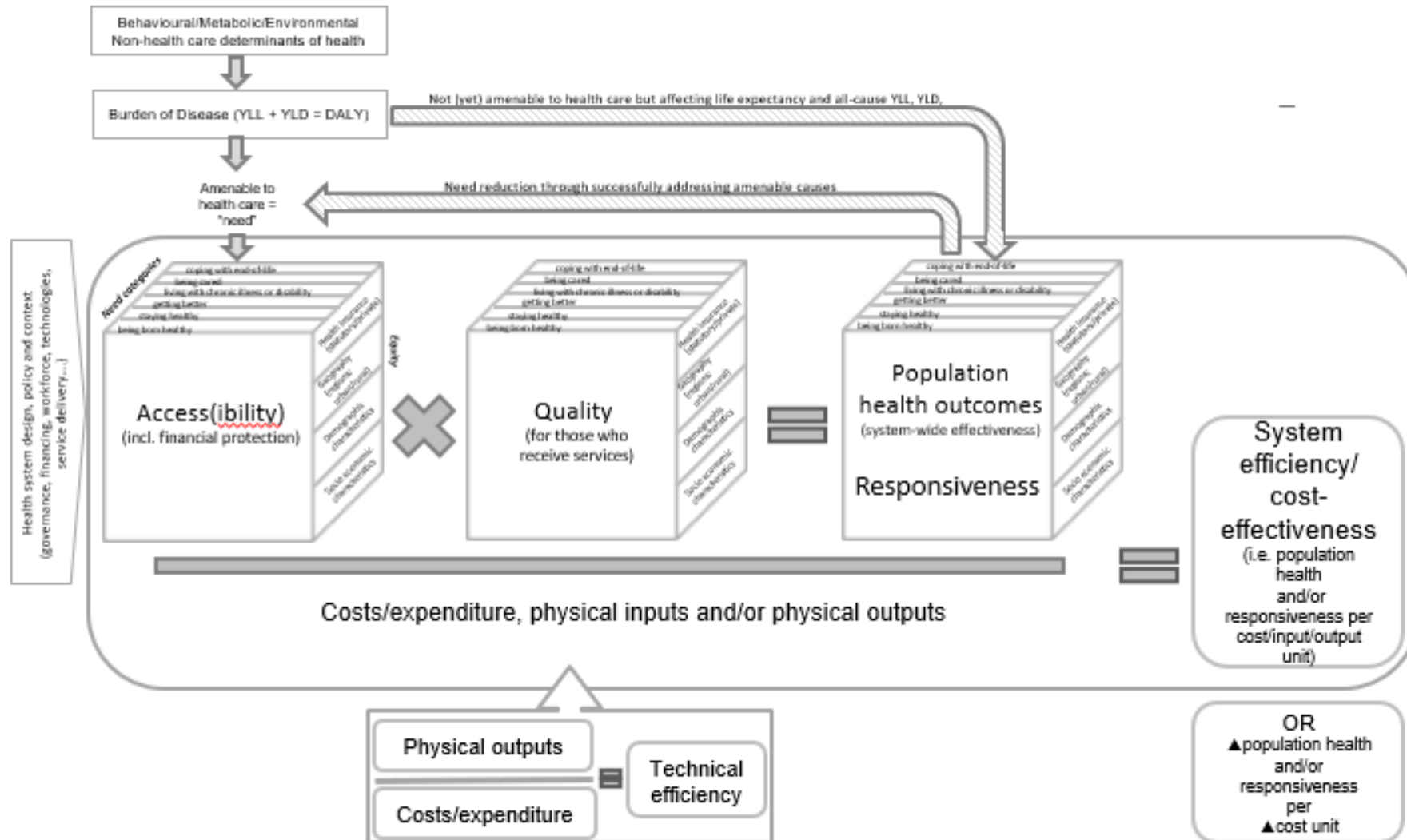
EXHIBIT 3

Average decline or improvement in quality categories among German hospitals, by hospital quality rating and quality indicator, 2012-19



Germany – a new model for HSPA... public reporting?

Framework



Blümel et al. (2022)

Belgium – the healthy Belgium platform

- Clearly defined areas of focus (accessibility, quality, sustainability, efficiency, equity and care types) with several indicators made available on the website
- Widely used by a number of public authorities
- The transparency of the approach has helped to bring health sector stakeholders to the table

Summary of the indicators of effectiveness of care									
(ID) indicator	Score	BEL	Year	Fla	Wal	BRU	Source	EU-15 mean [Belgium]	
Effectiveness primary care – avoidable hospital admissions									
QE-1 Asthma hospital admissions in adults (/100.000.pop)	ST	30	2014	29	29	39	MZG-RHM	39 ⁽¹⁾ [BE:37]	
QE-2 Complication of diabetes hospital admissions in adults (/100.000.pop)	+	130	2014	130	132	128	MZG-RHM	122 ⁽¹⁾ [BE:143]	
Effectiveness hospital care – health outcomes									
QE-3 Breast cancer 5-year relative survival rate (%)	ST	89.9	2012	89.8	90.2	89.6	BE cancer registry	86.2 ^(1,2) [BE:86.4]	
QE-4 Colorectal cancer 5-year relative survival rate (%)	+	67.5	2012	69.0	64.3	67.7	BE cancer registry	63.3, 62.9 ^(1,2,3) [BE: 67.8, 66.6]	
QE-5 Case fatality within 30 days after admission for AML (pop. aged 45+, admission-based, %)	+	7.0	2016	6.7	7.7	7.7	MZG-RHM	6.3 ⁽¹⁾ [BE:7.0]	
QE-6 Case fatality within 30 days after admission for ischaemic stroke (pop. aged 45+, admission-based, %)	ST	9.0	2016	8.6	9.9	8.9	MZG-RHM	7.1 ⁽¹⁾ [BE:8.4]	

<https://www.healthybelgium.be/en/>

Region	Relative diff. vs national (%)
West-Vlaanderen	-3.1%
Oost-Vlaanderen	-5.2%
Antwerpen	1.1%
Limburg	-8.9%
Vlaams-Brabant	-3.6%
Brussels	-3.8%
Brabant Wallon	0.1%
Hainaut	10.9%
Liège	19.1%
Namur	5.7%
Luxembourg	7.0%

Best practice exchange: HSPA expert group of the European Commission



- Set up as a platform for mapping and exchange of experiences and best practices across the EU
- Provides support to national policymakers with HSPA development (methodologies and identifying tools for assessment)
- New priority area every year based on areas identified as most relevant or pressing
 - ✓ quality of care assessment (2015)
 - ✓ integrated care systems (2016)
 - ✓ performance of primary care (2017)
 - ✓ efficiency (2018)
 - ✓ resilience (2019)
 - ✓ access (2020)
 - ✓ prevention (2021)
 - ✓ low-value care(2022, ongoing)
- Outputs are publicly available

The screenshot shows the European Commission website. At the top, there is the European Commission logo and the text 'European Commission'. To the right, there is a language selector set to 'EN English' and a search bar. Below this is a blue navigation bar with the text 'Public Health'. Underneath, there is a breadcrumb trail: 'Home > Health systems performance assessment'. The main heading is 'Health systems performance assessment'. Below this, there are three columns of text: 'Overview', 'Priority areas', and 'Country assistance'. The 'Overview' column states: 'Assessing the performance of health systems is essential to understanding how they work, and therefore to improving them. It is a complex process...'. The 'Priority areas' column states: 'The Expert Group on Health Systems Performance Assessment focuses its analysis on a different priority area every year based on areas identified as...'. The 'Country assistance' column states: 'The Expert Group supports tailored activities in countries that are interested, in undertaking performance assessment at national level. These...'. There are also small icons for each section.



The image shows the cover of a report titled 'Health system performance assessment - Integrated Care Assessment (20157303 HSPA)'. At the top, there is the European Commission logo. Below it, the title is written in bold. Underneath the title, it says 'Health system fiche | Italy'. At the bottom of the cover, there are logos for the European Commission, 'Optimixity' (with the tagline 'Optimizing Health Systems'), and 'Public Procurement'. There is also a small text at the bottom left: 'Written by Optimixity Advisors June 2018'.

Monday, 5 June 11:00-12:15 **PRE-CONFERENCE**
Auditorium
**ACCOUNTABILITY AND TRANSPARENCY OF
HEALTH SERVICES: BUILDING TOOLS THAT WORK
FOR PERSON-CENTERED HEALTH SYSTEMS**

Monday, 5 June 13:30-14:45 **PLENARY**
Auditorium
**THE HEALTH SYSTEMS' CONTRIBUTION TO
SUSTAINABLE DEVELOPMENT:
RECAPPING CO-BENEFITS**

Monday, 5 June 15:15-16:30 **FOCUS**
Auditorium
**TOWARDS NET ZERO: WHAT DOES A GREEN
HEALTH SYSTEM LOOK LIKE?**

Monday, 5 June 17:00-18:15 **CASE STUDY**
Auditorium
**GREENING HEALTH FACILITIES -
HOW CAN WE MOVE FORWARD?**

Monday, 5 June 18:30-21:00 **EHMA RECEPTION**
Auditorium building and garden
**JOIN US TO CELEBRATE 25 YEARS
OF THE OBSERVATORY :)**



Tuesday, 6 June 9:30-10:45 **ABSTRACT**
Aula 4
**MANAGEMENT TOOLS AND MEASURING
PERFORMANCE: A SYSTEM PERSPECTIVE**

Tuesday, 6 June 11:05-12:20 **PLENARY**
Auditorium
**HEALTH TECHNOLOGIES AND MANAGERIAL
PROCESSES: STRATEGIES AND TOOLS FOR
EVIDENCE-BASED DECISION-MAKING**

Tuesday, 6 June 15:10-16:25 **WORKSHOP**
Auditorium
**SUSTAINABILITY OF PHARMACEUTICAL MARKETS:
THE CHALLENGE OF AMR**

Tuesday, 6 June 15:10-16:25 **WORKSHOP**
Aula Lazzati
**MANAGEMENT RESPONSES TO VIOLENCE AGAINST
HEALTHCARE WORKERS**

Wednesday, 7 June 11:05 -12:20 **FOCUS**
Auditorium
**CARE INTEGRATION AND SUSTAINABILITY:
DIGITAL AND GREEN SKILLS
FOR THE HEALTH WORKFORCE**

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