MEP Interest Group on Patient Access to Healthcare

Meeting:
State of Health in the EU: Where can the EU make a difference?
28 November 2017, European Parliament

REPORT
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Interest Group co-chair Andrey Kovatchev MEP welcomed participants and reminded them of the Interest Group meeting one year ago, when the European Commission’s report ‘Health at a Glance: Europe’ was presented and discussed, as the first step in the ‘State of Health in the EU’ cycle.

This initiative aims to develop a better picture of the current state of health in the EU and to analyse what can collectively be done at EU level to improve health and reduce health inequalities.

The initiative’s next step in its two-year cycle was the preparation of specific Country Health Profiles and an Companion report; Andrey Kovatchev stressed the usefulness of these Profiles as they will help identify where EU action could be taken to improve healthcare and health outcomes.

He insisted that the EU should play a strong role in the area of health rather than get lost in debates about the limits of EU competences. From the many contacts MEPs have with EU citizens it is clear that they expect the EU to do more in health care; the EU level would do well to live up to these expectations.

Co-chair Katerina Konecna MEP stated that questions relating to reducing health inequalities and ways to develop models that are affordable, timely and of high quality remain very important. The EU can make a concrete difference, for instance in the area of research on rare diseases. Appropriate social care and treatment are a matter of urgency in this area. This is just an example where the EU can play a role; there are many others.

The findings of the ‘State of Health in the EU’ initiative will inspire the work of the Interest Group and Konecna expressed her intention to continue to work with stakeholders on better and more equal health outcomes for all EU citizens.
Co-chair Cristian Busoi MEP also underlined that EU citizens expect more from the EU and its institutions when it comes to healthcare. Civil society and patient organisations continue to call for a more central place for health in EU policy development. Fortunately, there are signs of the Commission’s new thinking on health governance, as demonstrated by the European Pillar on Social Rights. Health is part of this Pillar; this relates to the need to address inequalities as well as underlines the added value of health.

Cristian Busoi welcomes this next step in the ‘State of Health in the EU’ cycle, which compares country profiles in terms of healthcare. The conclusions are clear: there are disparities between Member States in terms of organisation of an investment in health care. There are differences in access to medicines, relating to out-of-pocket payments, healthcare coverage and quality of healthcare services. In order to address this, more EU cooperation and EU-level initiatives are needed and this should be reflected in the EU budget.

Co-chair Karin Kadenbach MEP underlined that the ‘State of the Health in the EU’ initiative is well in line with the Lisbon Treaty’s stipulations with respect to healthcare, i.e. that the EU level should complement or supplement the actions of the Member States in this area. The Country Health Profiles and Companion report are a good example of the EU-level advising the Member States, supporting them in taking the right decisions to get a fairer and more equitable Europe in terms of health.

Andrey Kovatchev MEP then gave the floor to Andrzej Rys (Director - Health systems, medical products and innovation, DG SANTE, European Commission), who presented the Country Health Profiles and Companion report as ‘a package of factual high-quality evidence, which is at the service of policymakers, stakeholders and practitioners’.
The ‘State of Health in the EU’ initiative consists of a two-year cycle of knowledge brokering, in close and effective collaboration with the OECD and WHO Observatory. The two-year cycle consists of four steps, starting with last November’s ‘Health at a Glance: Europe’ report, followed by the publication of Country Health Profiles and a Companion report (November 2017). The next step will consist of voluntary exchanges with Health Ministries, to take place during the first half of 2018.

The Companion report contains cross-cutting conclusions, drawn by the Commission, from the 28 Country Health Profiles. It aims to link to shared policy objectives across the EU countries, revealing the potential for EU added value. While it needs to be recognised that none of the 28 systems is stable or perfect, some shared policy objectives can be identified, and these are based on the 2014 Commission Communication on ‘Effective, Accessible and Resilient Health Systems’.

The Commission analysis of the Country Health Profiles has led to five key conclusions:

1. **Health promotion and disease prevention pave the way for a more effective and efficient health system.** Currently, some 80% of health budgets are spent on communicable diseases, while only 3% is spent on prevention. Moreover, there are links between different segments of the population and certain risks (e.g. higher income groups take more exercise and have breast cancer exams more often).

2. **A strong primary care guides patients through the health system and helps avoid wasteful spending.** For instance, as some 25% of emergency department consultations take place because of inadequate primary care, it is clear that changes need to be made. The Companion report also describes the various mandatory primary care referrals and gatekeeper systems.

3. **Integrated care tackles a labyrinth of scattered health services to the benefit of the patient.** A better understanding of how integrated care functions is required; the Commission’s Health Systems Performances Group is also looking at these issues as there are a number of requirements that will need to be in place if integrated care is to become a reality.

4. **Proactive health workforce planning and forecasting make health systems resilient to future shocks.** This is a big issue as there are both external challenges (population ageing, changing care demands, migration patterns, technological innovation) as well as internal ones (workforce ageing, recruitment and retention, poor geographic distribution, skills mismatches).
5. The patient is at the centre of the next generation of better health data for policy and practice. Better health data contributes to patient outcomes whilst reducing wasteful spending in health care. Self-reported health outcomes are increasingly being taken into account.

The next step in the ‘State of Health in the EU’ cycle will focus on voluntary meetings and exchanges with Health Ministries. These will feed into the various policy processes as well as in the work of the initiative’s second cycle, planned for 2018 – 2019.

Andrzej Rys called on participants to provide their feedback on the reports work as the Commission would truly welcome stakeholder involvement in order to achieve a better and relevant evidence base.

The next two speakers, Jens Wilkens (Health Policy Analyst, OECD Health Division) and Josep Figueras (Director, European Observatory on Health Systems) presented the Country Health Profiles. These were developed as a joint project between their organisations, and add to the information and analysis already provided by the 2016 ‘Health and a Glance’ report.
Jens Wilkens underlined that the Profiles provide useful information and explanations of the specific situations in the various countries. They are relatively short and easy to access, as they should bridge the gap between highly technical profiles and reports and concrete policy development.

**The individual Profiles address:**

- **Health status:** life expectancy has risen by over 3 years in the EU since 2000; however, the gap between the countries with the highest and lowest life expectancy still exceeds 8 years. And while there is a convergence, this is very slow; the lower end of the scale is not improving as quickly as one might expect. Moreover, there are huge differences in self-reported health within and between countries.

- **Risk factors:** this section focuses on alcohol, tobacco and obesity. The good news is that adolescent smoking and drunkenness is decreasing. However, binge drinking remains a serious problem, especially among men. In addition, obesity is a growing problem in nearly all Member States.

- **Health system descriptions:** these provide an overview of health spending levels relative to the wealth and size of the individual economies, funding mechanisms, how human resources in healthcare are being organised and how healthcare is structured.

- **Health system performance:** this is the largest section of the Profiles and focuses on the three elements already referred to by Andrzej Rys, i.e. effectiveness, accessibility and resilience (defined as the ability of health systems to adapt to change and meet new challenges).

Josep Figueras (European Observatory on Health Systems and Policies) then presented the potential for Member States to take action, expressing his hope that the Country Profiles and Companion Report will trigger a concrete policy response. Before going into the detail however, he underlined that factors outside the health system also influence the way systems work or are being developed; there is a continued need for a ‘health in all policies’ approach.

So, what can health systems do? First of all, they should increase their effectiveness. It has been found that more than half a million deaths can be avoided with more timely and effective health care. Differences between the number of avoidable deaths vary enormously between Member States.
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The report also looked at a range of conditions that are treatable if effective health care would be in place. Clearly, the required focus on prevention is demonstrated here. In order to avoid amenable deaths, primary care, more effective referral systems, and earlier and better diagnosis need to be addressed.

Health systems should also improve accessibility as over 10% of low income people in several EU countries report unmet health needs. Affordability and availability both have an impact on access to services. Policies should especially target and financially protect vulnerable groups – not just because of ethical principles but also in order to avoid further costs. Another real concern is the spread between high and low-income countries in terms of unmet needs.

It was found that, for COPD, diabetes and asthma, limited access to and/or low effective primary care leads to avoidable and costly hospital admissions. Some 1.5 million people make use of costly hospital care when they could be treated in primary healthcare with the same level of outcomes and quality.

The third element, resilience, is an interesting policy concept – but difficult to measure. It relates to the system’s capacity to adapt to a changing environment; sustainability and governance are part of this concept. Clearly, money matters – without funding, desired levels of outcome will not be obtained. Low spending countries have much higher amenable mortality rates. However, it is not only about having more resources but also about better and more cost-effective use of resources as shown by the wide range of health care expenditure levels in countries with similar levels of avoidable mortality. Workforce shortages also play a key role in resilience. Policies for human resources, training incentives, new skills mixes – these are all important. More health professionals and a more balanced skills set are needed; this is a major bottleneck. Effective policies are needed to train and retain the health workforce to enable the needed transformation of healthcare delivery towards primary and integrated care.

Josep Figueras concluded with some key findings, the first of which relates to ensuring that prevention is a greater priority, to reduce of postpone chronic disease and increase health. The second addresses people-centredness: primary care and patient centered care need to be strengthened in order to better manage chronic diseases and avoid unnecessary hospital admissions. The third relates to improving timely access to good quality care, particularly for disadvantaged groups, to reduce amenable mortality and promote greater health-related quality of life. The final one stressed the need to improve resilience through stable health care funding, active workforce policies and by increasing efficiency and eliminating waste.
The following issues were raised:

- Participants generally welcomed the Country Health Profiles and Companion report;

- The PGEU has issued an opinion paper to highlight the contribution of community pharmacies to make health care systems more resilient. This calls for the greater involvement of community pharmacies in integrated care, particularly primary care. Much needs to be done in terms of health promotion at national level and pharmacies can be helpful in this respect as they can advise patients at every stage of their care journey;

- Questions were raised about how the Profiles and report will be brought to policy makers at national level. The Commission is actively planning dialogues with national ministries. However, stakeholders themselves can also bring this debate to the national level, using the reports as an advocacy tool;

- The reports advocate for a move from curative to more preventative health care systems. This is not a new finding; however, the bulk of the budgets continue to go into clinical management rather than into prevention. The Commission is working on a number of prevention related initiatives, such as the full implementation of the Tobacco Directive (in some countries implementation is going beyond what is required). The Structural Funds provide financial support for healthcare projects, and in some countries - like Romania, where several screening programs have been put in place - this is used for prevention related initiatives. In addition, the Expert Group on Prevention is set to share best practice examples across the EU;

- The wealth of data contained in the Profiles and Report are accessible to stakeholders;

- It was remarked that vaccination could have been more specifically addressed in the Companion report as this is clearly a very useful preventative measure;

- Integrated care is repeatedly being referred to in the Companion Report and seems to be a key priority. Responding to questions, the Commission stated that putting in place effective integrated care systems is extremely complex. The infrastructure needs to be there. E-Health and ICT can play a crucial part in this respect, and the
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Commission is on the verge of adopting a Directive in relation to digital health. Some of the EU Structural Funds can be put towards integrated care. The European Innovation Partnership on Active and Healthy Ageing has yielded some good examples on integrated care as well. The Health Systems Performance Group has published an interesting report on integrated care, and the Health Programme will also promote the concept;

- EPF has developed a Roadmap to Achieving Universal Health Coverage for All by 2030, encouraging Member States and the EU to commit to a long-term vision where equity of access and universal health coverage is a reality for all patients in the EU. The Roadmap will be presented at the European Parliament on December 6th;

- It was noted that these data could also be used in the European Semester Process; the Commission confirmed that health will continue to feature in the Annual Growth Survey;

- The OECD health and Eurostat database were used for the Profiles as well as for the Companion report in order to ensure consistency and comparability. For the future, the intention is to make more use of patient-reported real outcome data.

- All speakers called on participants to provide their feedback on the Profiles and report; NGOs will need to use and disseminate the findings if they are to have any impact and support policy change.

Conclusions

Closing the meeting, Cristian Busoi MEP stated that it is not an easy exercise to draw conclusions from a comparison of 28 countries. The most important element of this exercise is that the Commission, together with the OECD and the European Observatory, has managed to put the situation into perspective. It is evident that health inequalities remain and that no country has the perfect model or situation. Cristian Busoi MEP called on participants to push for change at national level, making use of the reports and recommendations and stated his intention for the Interest Group to do the same.