Interest Group on Access to Healthcare

patient access partnership

Second Hearing on Benchmarking access to healthcare in the EU

Meeting report

Hosted by the MEP Interest Group on Access to Healthcare

11 October 2017
16:00 – 18:00,
room A5F385,
European Parliament

Speakers:

Andrey Kovatchev MEP
Biljana Borzan MEP
Cristian Busoi MEP
Lieve Wierinck MEP
Martin Seychell DG SANTE
Martin McKee EXPH

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On 11 October, the European Parliament Interest Group on Access to Healthcare hosted a hearing in relation to the Expert Panel on Effective Ways of Investing in Health's Opinion entitled 'Benchmarking access to healthcare in the EU'. The hearing, organised by the European Commission, was attended by stakeholders representing a wide variety of interests and backgrounds, with all professional associations working in the fields concerned present.

The hearing aimed to provide those attending with an opportunity to express their commitment to join efforts in closing gaps in access to healthcare, to learn about possible approaches, to set benchmarks in access to healthcare and about policy levers guiding Member States to close these gaps and to learn how the Opinion could be used.

The meeting was opened by ***Interest Group co-chair Andrey Kovatchev MEP***, who stated that the hearing fitted in well with the Groups' main objective, i.e. its commitment to connect health related stakeholders to health policy development. He noted that access to healthcare is now incorporated in the Annual Growth Survey and Semester process as well as in the European Pillar of Social Rights. The Commission's initiatives in the field of the digital agenda are also important to improving access to healthcare and discussions are underway to host an Interest Group event on this topic.

It is important to carefully and effectively measure the limits of access to healthcare as policymakers need this information in order to define policy solutions. A pilot project, requested by the European Parliament at the initiative of the Interest Group of Access to Healthcare, has started; this could usefully inform the work of the EXPH and future work on access. Better measuring and benchmarking access gaps will enable the transfer of knowhow and mutual learning - and this will be to the benefit of all. It will also prevent reinventing the wheel 27 times. In the end, it will support the reduction of existing inequalities.

Interest Group co-chair Biljana Borzan MEP underlined the great interest in and importance of this meeting. Disparities in access exist across the EU, and while Member States vary with respect to health systems and resources, the major challenges – e.g. demographic ageing, the inequalities resulting from the economic crisis - are similar. This is why it makes sense to address these issues at EU level as this will support Member States in their efforts to address this major concern. However, it is imperative to measure access and create an evidence base.

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While the EU's competencies in the health area are limited, one of these is to support the Member States and provide information. In order to do so appropriate benchmarks are required, as the current self-reported measurements only evaluate patients who already have access. Many people face multiple barriers in accessing healthcare and the Interest Group tries to address this. The Opinion under discussion coincides with other ongoing work on benchmarking i.e. the pilot project referred to by Andrey Kovatchev. Importantly, it should not be forgotten that the European Pillar of Social Rights is opening a window for a breakthrough for improvement.

Interest Group co-chair Cristian Busoi MEP also underlined the importance of the meeting, emphasising the fundamental importance of access to healthcare. While health in Europe has improved in general, unequal access remains to be a problem, both between as well as within countries and population groups. Demographic ageing as such is positive as it is a result of improved health care; however, it also presents challenges in relation to chronic disease management and rising costs. This is why benchmarking access to healthcare is important: it can support the Member States effectively address inequality issues and to improve their systems.

Inequalities are linked to many factors and these should be mapped, in order to show what needs to be tackled and how this could be done. Such an exercise could also be a useful starting point for the Commission to redirect its funding measures in relation to public health. In any case, it is hoped that the work undertaken in the field of benchmarking will support the establishment of clear and concrete measures for governments to implement.

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Interest Group co-chair Lieve Wierinck MEP also underlined the importance of Member States exchanging best practice and learn from each other. Benchmarking and better data collection in relation to access to health care and access to medicines is indispensable to address inequalities. Other ongoing developments, such as e-health, can help improve access for those living in remote areas. The next EU R&D Programme, FP 9, will address this. With higher life expectancy and increasing burden of chronic disease, Member States will have to address access to healthcare and reserve funds in their budgets.

Andrey Kovatchev then gave the floor to ***Martin Seychell (Deputy Director-General, DG SANTE, European Commission)***, who stated that access to timely, high-quality and affordable healthcare is one of the building blocks of the European social model. It is at the heart of the European Pillar of Social Rights, which is mobilising efforts at European and national level to build the future of Europe according to high social standards. Problems in access to healthcare are still a reality for many across the EU. Access to healthcare risks to be thrown off track, while it should be at the forefront of the policy debate. Limited access to healthcare has serious repercussions, as it reduces socio-economic growth. The Opinion under discussion can hopefully draw the attention of relevant stakeholders – and not just health stakeholders - to this issue. It provides a practical tool for Member States inviting them to take actions to close access gaps. Through setting out benchmarks and providing a self-assessment tool, it helps identify gaps, to understand the distribution of gaps within the societies and gear a comprehensive agenda of reforms to address the challenges. Access to healthcare differs greatly not only across, but within Member States. This challenge needs a good diagnosis to be properly addressed. The idea of benchmarking therefore is to help identify and acknowledge the challenges in access to healthcare and Martin Seychell emphasized that much more needs to be done. Apart from this Opinion, there are other tools that can help address access gaps, such as the European Semester and EU funds. Regarding the Semester, accessibility to healthcare is stressed in the Country Specific Recommendations addressed this year to a number of countries and this will continue as the effects are already becoming visible. European Funds are available to implement the necessary reforms. The technical assistance of the Structural Reform Support Service can also support the process.

The Commission is also keen to improve the measurement framework as one of its priorities for the coming period; the launch of a pilot project at the request of the European Parliament, as referred to by the previous speakers, to deliver refined indicators to measure access to healthcare is a clear indication of that. Work is also being carried out to improve existing data on unmet medical needs. In all of these efforts close cooperation with the stakeholders is crucial.

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In conclusion, Martin Seychell expressed his belief in the potential support that the Opinion can offer Member States. Their sense of ownership is crucial to the achievement of effective universal access to healthcare. The importance of working together is paramount. What does not get measured does not get improved.

In his role of Rapporteur for the EXPH, keynote speaker ***Martin McKee (Member of the EXPH Working Group)*** first introduced the members of the Working Group. He then briefly presented the Opinion's background, i.e. the fact that the Annual Growth Surveys (as part of the European Semester process) increasingly acknowledge the importance of access to healthcare as well as the fact that the Expert Group on Health System Performance Assessment is expected to focus attention on access to care.

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Moreover, in previous reports, the EXPH showed that rates of unmet need for health care is an increasing problem in the EU and set out options to maximise added value of EU action. Last but not least, the European Pillar of Social Rights is accompanied by a 'social scoreboard' which will monitor the implementation of the Pillar by tracking trends and performances across EU countries in 12 areas - one of which is healthcare (unmet need for medical care).

The terms of reference for the Opinion are as follows:

- Propose a quantitative benchmark/target on access to healthcare based on an indicator of unmet need for medical care. A target for the EU and a target which can be adapted to the context of each Member State should be proposed.

- Propose a qualitative benchmark, based on principles and policy levers that can be operationalised, to improve access to healthcare in the EU Member States.

- Discuss the possible utilisation of EU funds and/or other mechanisms to support the improvement of access to healthcare according to the benchmarks proposed.

Defining the need as "the ability to benefit from health care" is problematic as it requires (expensive) epidemiological surveys to identify illness, then to determine whether there is an effective health care intervention and then to discover if there are any contra-indications. So, pragmatically, the next best thing is to survey perceived unmet need - while realising that this is not ideal, the EU-SILC data contain two questions on unmet need for health care in EU and this data provides a useful starting point.

Several principles come into play when choosing a target: it has to be specific, measurable, assignable, realistic and time-related (SMART).

Given the importance of convergence in the EU context, the target should be close to what is the best performance in the EU. However, we need to be realistic, given the very large existing differences between Member States. On the other hand, it also needs to be sufficiently ambitious. To achieve the best results everywhere by 2025 requires a progress which is 2.3 times faster than at present.

Taking all of this into account, the EXPH proposes as an initial target the median value achieved by best performing tercile (or quartile/ quintile) of the Member States, with the aim to close the gap by 50% over 3 years.

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However, this choice of figures is political, not technical. The Member States should determine, in accordance with their national context, which inequalities they will focus on. This will inevitably vary; however, age, gender, education, ethnicity will almost certainly be addressed. Other factors could include language and urban/rural habitation. Additional data collection could consist of expanding of surveys already undertaken in some but not all Member States (e.g. Survey of Health, Ageing & Retirement in Europe), expanding the health element of existing surveys such as the EU-SILC and studies of tracer conditions (common conditions whose effective management requires co-ordinated inputs from multiple elements of the health system e.g. diabetes).

Qualitative measures consist of developing a self-assessment tool, designed to capture policy relevant inequalities, as prioritised by each Member State. This should take account of existing, known inequalities and those emerging, including precarious and new forms of employment. It should also be linked to policy actions and opportunities for EU action.

Funding could be provided by the European Structural and Investment Funds. Better information could be generated by strengthening the support for enhanced data collection and strengthened analytic capacity, exchange of best practice and ERA-NET. The work of the European Reference Networks can also be related to better access.

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Sabina Nuti (Chair of the EXPH Working Group) took over the chair, inviting those present to come forward with their views and comments. In this discussion the following points were raised:

- There is a desperate need for a system of harmonised data collection and interoperability in the EU. Currently, data are not exchangeable, and apparently, the richer the country, the more difficult it appears to put harmonized systems in place as there are no incentives for improvement. This call was made by organisations active in the field of disabled children, children affected by rare disorders and children affected by cancer, but of course this is also needed in other areas. Better data collection and exchangeable date will benefit patients and will be cost-effective.

- The Opinion's focus in vulnerable groups is welcome. It was mentioned that research with respect to Roma access to healthcare has been researched in 5 countries and a position paper will be published at the end of the month; this might serve as input for the final EXPH Opinion.

- Access to health care and voicing concerns about this topic is not open to all people that should benefit.

- Roma and other vulnerable and excluded groups should be actively involved in policy development - such as these hearings - as real data are needed for real policies - and nobody can voice concerns better than those directly concerned. It was remarked that the Semester's Country Specific Recommendations in relation to access to healthcare seem to focus on the economic issues and on cost-efficiency only. This might not be the comprehensive framework needed to effectively tackle access issues. Prevention should be the main driver of access discussions.

- The Opinion was welcomed as it looks into the complexities of access to healthcare and is realistic as regards the feasibility of a 'one fits all' solution. The focus on multi-stakeholder cooperation is also welcome. In relation to this, participants called on the Commission to extend the consultation period of the Opinion paper as many stakeholders will be interested in doing so.

- Ongoing work in related areas should feed into the work of the EXPH, e.g. the Commission's pilot project on measuring inequalities. The work should be mutually informative.

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- The Opinion states that, in general, higher healthcare spending leads to better meeting unmet needs and better health outcomes. Participants remarked that this is not necessarily the case as expenditure for the sake of expenditure will not work. The specific context needs to be taken into account.

- There was a call for more attention to work already done in relation to healthcare access in the field of undocumented and legal migrants, as this is quite far advanced and can provide a model for the broader area of access. Large research projects have been and are ongoing which can provide useful data.

- Regarding measurement of access issues, it was remarked that in many cases, policies rather than unmet needs are measured as it is the policies that are at the root of access problems. Unmet needs as an indicator may not be the best one. Data is patchy and the size of samples as well as the sampling methods are not ideal.

- The Commission would like to identify benchmarks; in the area of migrants these have been developed and implemented which the Commission is welcome to make use of. There are reports from 34 countries in this area; the next step is for countries to start to take notice of the issue – that would be a step forward.

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- MIPEX is a tool to review the continuity of care for migrants. It has already been piloted in some countries and will be expanded and implemented in more. It is an electronic platform in line with legislation and can be adapted and be used across the EU. This could also be useful for the Opinion.

- It is difficult to change data collection systems as changes cannot be imposed. Established systems are difficult to transform.

Sabina Nuti thanked all those that expressed opinions for their input and invited participants to approach the EXPH with further comments, bearing in mind what was discussed in this meeting.

She then gave the floor to ***Jan De Maeseneer (Chair of the EXPH)***, who also thanked participants for their input and underlined that the deadline for comments on the Opinion is 27 November. He urged stakeholders to specifically indicate where they would like to add issues to the text of the Opinion and stated that inclusion of suggestions cannot be guaranteed as the whole of the Opinion needs to be taken into consideration. Contributions can be sent to ***sante-expert-panel@ec.europa.eu***

He thanked all members of the Working Group for their contributions to the Opinion and finished by underlining that progress has been made since the 2015 EXPH Opinion addressing access and unmet needs; he expressed the hope that this Opinion will function as a vital element in helping to safeguard fundamental social rights and work towards access to healthcare for all, while not forgetting the most vulnerable.