



hope

European Hospital and
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Newsletter

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In this issue:

[Click on one of the titles below to go directly to the related article]

HOPE activities

HOPE Agora 2016 – the Future of Hospital and Healthcare – videos

HOPE Exchange Programme 2017 – Organisational Innovation in
Hospitals

15 May – 10 June 2017

HOPE Study Tour – Lean management in hospitals: the example of
the Hospices civils de Lyon

2-3 February 2017, Lyon (France)

HOPE study tour on Quality and Safety – Save the date

4-5 May 2017, Brussels (Belgium)

EU institutions and policies

Public Health

Slovak presidency of the Council of the EU: EU health ministers
underline the need to develop efficient and affordable health systems

Maltese presidency of the Council of the EU: priorities of the Health
Council (EPSCO)

Call for expressions of interest establishing the HTA Network
Stakeholder Pool – European Commission

First wave of the 2016 call European Reference Networks approved

Conference on cross-border healthcare Directive “Towards amplified
awareness of EU rights to cross-border care” -
Report and documents

Dealing with serious cross-border threats to health in the EU – European Court of Auditors report and press release

Study on Big Data in Public Health, Telemedicine, and Healthcare – European Commission

Communications networks, Content, and Technology

Cyber security and resilience for Smart Hospitals – European Union Agency for Network and Information Security (ENISA)

Social affairs

European Commission's proposal to update EU rules on social security coordination

Migration and Home Affairs

European policies on migration and healthcare – Parliamentary question

European Court of Justice

Recourse to successive fixed-term contracts to cover permanent needs in the healthcare sector is contrary to EU law – Judgement

European programmes and projects

Call for tender on the support for the health workforce planning and forecasting expert network – European Commission

Call for tender concerning the study to support the assessment of the socio-economic impacts of potential future EU initiatives on HIV/AIDS, viral hepatitis and tuberculosis

Switzerland steps up research and innovation cooperation with the EU

Second European Summit on Innovation for Active and Healthy Ageing

EURO-CAS project - kick-off meeting held in Vienna

Reports and publications

Reports

Health system efficiency: How to make measurement matter for policy and management – European Observatory on Health System and Policies study

Challenges and opportunities in improving access to medicines through efficient public procurement in the WHO European Region (2016) – WHO Europe report

Health system in transition: Slovakia – European Observatory on Health Systems and Policies review

From innovation to implementation – eHealth in the WHO European Region – WHO Europe report

Articles

Implementation of the cross-border healthcare directive in Poland: How not to encourage patients to seek care abroad? - Health Policy article

Patient satisfaction, e-health and the evolution of the patient–general practitioner relationship: Evidence from an Italian survey – Health Policy article

Pay for performance in the inpatient sector: A review of 34 P4P programs in 14 OECD countries – Health Policy article

Stuck in the middle? A perspective on ongoing pro-competitive reforms in Dutch mental healthcare - Health Policy article

Harmonisation and standardisation of health sector and programme reviews and evaluations – how can they better inform health policy dialogue? Health Research Policy and System article

Disinvestment Strategies for Pharmaceuticals: An International Review - Questions d'économie de la santé

The arduous quest for translating health care productivity gains into cost savings. Lessons from their evolution at economic scoring agencies in the Netherlands and the US – Health policy article

Other news – Europe

POLITICO's event "Outside, in: Transforming Health Care Through Disruptive Innovation"

“Pharmaceutical residues and other micro pollutants in water - Concepts and Strategies for Prevention and Reduction” - Representation of the State of Baden-Württemberg to the European Union panel discussion

From policies to practice - from practice to policies: Creating synergies for better health in Europe – EPA Policy event 2016

Upcoming conferences

2nd Multi-stakeholder Symposium on Improving Patient Access to Rare Disease Therapies - UPDATE

Brussels, 22-23 February 2017

Health Promoting Hospitals 2017

Vienna, 12-24 April 2017

HOPE Agora 2017

Dublin, 11-13 June 2017

HOPE Agora 2016 – the Future of Hospital and Healthcare – videos

HOPE celebrated its 50th anniversary in June 2016 in Rome, the city where the organisation was born. This celebration brought together hundreds of health professionals, as well as HOPE Board of Governors, Liaison Officers and National Coordinators.

HOPE Agora 2016 provided the opportunity to attend various kinds of events and to learn from different actors including HOPE Past-Presidents and former Secretary-General. During the Conference "The Future of Hospitals and Healthcare", participants had the chance to listen to the points of view of several key European associations, to discover the experiences of the healthcare professionals participating to the Exchange Programme, to learn from each other during the World Café...

With the intention of keeping alive in our memories such an important moment in HOPE history, the whole event, from the Opening Ceremony to the World Café, has been recorded.

We hope that you will be as enthusiastic as us to rediscover the HOPE Agora 2016 and HOPE 50th anniversary in the videos

Discover the videos [here](#).



Picture from the HOPE Agora 2016 held in Rome.

HOPE Exchange Programme 2017 – Organisational Innovation in Hospitals

In 2017, HOPE will organise its 36th Exchange Programme starting on 15 May. The Agora 2017 will take place in Dublin from Sunday 11 June afternoon to Tuesday 13 June afternoon 2017. The main topic for 2017 will be around organisational innovation in hospitals and healthcare. Organisational innovation is a broad topic that in the context of the Exchange Programme shall be intended as the implementation of a new method or process in relation to the use of new technologies, to health services provision, to human resources management and patients' empowerment or involvement.

More information on the HOPE Exchange Programme is available on **HOPE website, Facebook** and **LinkedIn**.

More information on HOPE Agora:

www.hope-agora.eu

HOPE Study Tour – Lean management in hospitals: the example of the Hospices civils de Lyon

2-3 February 2017, Lyon (France)

The Hospices Civils de Lyon and the French Hospital Federation organise on 2 and 3 February 2017 a HOPE study tour on Lean Management.

Created by Toyota in the 1970s, Lean Management is a method of organizing work that intends to improve production with fewer resources. To this end, Lean Management relies on the active participation of all stakeholders to optimize the overall performance of organizations and reduce waste.

While many French companies have already adopted lean management, what about the first experiments conducted in the French public hospitals?

This HOPE study tour is an opportunity for European professionals to discover a successful experience of Lean development in public hospitals on site.

Hospices civils de Lyon, the second largest university hospital in France, integrate all disciplines, and bring together 14 multidisciplinary or specialized establishments. They employ more than 22,000 professionals with the most advanced equipment.

In addition to meeting a number of management and field staff, this study tour will make it possible to understanding the contribution of Lean Management in

hospitals and to cover the issues raised by its implementation in one of Europe largest university hospital group.

Fee: 350 euros/Person, travel and accommodation costs not included.

To get the application form please contact: n.desjardins@fhf.fr.

HOPE study tour on Quality and Safety – Save the date

4-5 May 2017, Brussels (Belgium)

Due to many institutional reforms, Belgium Quality and Safety policies have been characterized for many years by an unclear definition of responsibilities. Things are now slowly becoming less ambiguous and both regional and federal levels are engaging in comprehensive and articulated Q&S policies.

PAQS ASBL is a newly created organization bringing together most healthcare stakeholders in Brussels and Wallonia with the objective of improving quality and safety in healthcare. PAQS ASBL will be organizing a **HOPE Study Tour on Quality and Safety** on 4 and 5 May 2017 in Brussels.

During these two days, participants will learn about how things are currently organized in Belgium, which policies have been implemented for which results, and how future policies may look like. We expect participants to briefly present Quality and Safety policies existing in their countries and to exchange opinions and ideas on how things are evolving throughout Europe.

Additional information, including preliminary program and registration form will be available by the end of January.



Slovak presidency of the Council of the EU – EU health ministers underline the need to develop efficient and affordable health systems

On 8 December 2016, the Slovak Minister of Health, Peter Drucker summed up the main topics discussed in the health field during the Slovak presidency of the Council of the EU to other EU health ministers during a meeting in Brussels.

Among the priorities of the current EU policy, he mentioned the challenge of ageing population and reminded that according to estimates, the costs of healthcare systems are set to double by 2050. Then Peter Drucker drew attention on the European Semester as well by calling for a greater involvement of the European health ministers in the process of preparing the European Semester. This would allow health policies to be visualised more accurately and coordinated with other policies. Finally, he reviewed main results achieved in the field of healthcare during the Slovak Presidency.

'I also want to encourage the upcoming Maltese presidency and other presidencies to continue the discussions that we have raised, because finding a solution should be a common goal for all of us,' concluded Minister Drucker.

[Read more](#)

Maltese presidency of the Council of the EU – priorities of the Health Council (EPSCO)

For the first time since its accession in 2004, Malta will take over the rotating presidency of the Council of the EU on 1 January 2017. On 8 December 2016, Malta published its priorities regarding the Health sector.

Minister for Health Chris Fearne outlined the priorities of the Maltese Presidency of the Council in the health sector at the EPSCO-Health Council which met today in Brussels. Mr Fearne provided a context to Malta's initiatives during its

Presidency in particular the prevalence of overweight children in countries across Europe. Chris Fearne indicated that Malta will review the findings of the mid-term evaluation report (2014-2020) on the EU Action Plan on Childhood Obesity. Malta will also be preparing Draft Council Conclusions for negotiation, with the aim of determining actions to achieve the overarching goal of halting the rise in overweight and obese children and young people by 2020. The Maltese presidency is drafting voluntary guidelines for the procurement of healthy food for consumption in schools. Maltese presidency intends to explore mechanisms of voluntary structured cooperation as well.

The Minister for Health also announced that Malta will be hosting a Ministerial Conference as part of its Presidency programme, on 'Developing Medicines for Rare Diseases', which will be held on the 21 March

Read more

[Interview of Maltese minister for Health Chris Fearne to EurActiv](#)

[Call for expressions of interest establishing the HTA Network Stakeholder Pool – European Commission](#)

On 13 December 2016, the European Commission launched a call for expressions of interest to select stakeholder organisations as members of the Health Technology Assessment Network Stakeholder Pool.

Interested stakeholders shall reply to this call, by completing the application form in the Annex 1 and sending this to SANTE-HTA-NETWORK@ec.europa.eu by 31 January 2017, with "HTA Stakeholder Pool - call for expressions of interest" in the subject line.

More information

[First wave of the 2016 call European Reference Networks approved](#)

European Reference Networks help health professionals and centres of expertise in different countries to share knowledge.

On 15 December 2016, the European Reference Network Board of Member States published a list of approved ERNs. The call assessment process started in March 2016 with the publication of the call for expression of interest. The Commission has received 24 applications; involving a total of 370 hospitals and nearly 1000 highly specialised units.

The objectives of the ERNs are seen best achievable at EU level. These encompass better access of patients to highly specialised and high quality and safe care, European co-operation on highly specialised healthcare, pooling knowledge, improving diagnosis and care in medical domains where expertise is rare, helping Member States with insufficient number of patients to provide highly specialised care, maximising the speed and scale of diffusion of innovations in medical science and health technologies.

The next round of approvals, for the second wave of the 2016 call for interest to become a ERN, should follow in February.

Find the list of approved applicants [here](#)

Conference on cross-border healthcare Directive “Towards amplified awareness of EU rights to cross-border care” – Report and documents

On 23 December 2016, the Commission published the report and the presentations of the conference on the cross-border healthcare Directive “Towards amplified awareness of EU rights to cross-border care”. On 24 October 2016, HOPE was invited to and attended the event as reported in the newsletter n°141 (October 2016 issue).

This conference built on the discussions which took place at the Informal Meeting of Ministers of Health held in Luxembourg in September 2015, as well as on the findings of the 2015 Commission report on the operation of the cross-border healthcare Directive and the Eurobarometer on Patient Rights published in May 2015. These published reports and ongoing discussions showed that concerns around patient information and NCP performances persisted and continued to be identified as critical issues still to be addressed.

The conference aimed mainly at improving information provision to enable patients to cross-border healthcare, fostering better coordination between NCPs and amplifying NCP cooperation with patient organisations, healthcare providers and healthcare insurers for the benefit of patients.

Report and presentations available [here](#)

Dealing with serious cross-border threats to health in the EU – European Court of Auditors report and press release

On 8 December 2016, the European Court of Auditor published the report “Dealing with serious cross-border threats to health in the EU: important steps taken but more needs to be done”.

A key milestone in building a stronger EU health security framework was the adoption in 2013 of a decision on serious cross-border threats to health. The EU health and research framework programmes also support actions related to this framework.

The audit found that the decision on serious cross-border threats to health indeed represents an important step for dealing better with such threats in the EU, but that significant weaknesses affect the implementation of the health security framework. More needs to be done to address these weaknesses for the Union to get full benefit from the established mechanisms. The Court therefore makes a number of recommendations mainly aiming at accelerating and strengthening the implementation.

Auditors concluded that the EU should do more to protect citizens from pandemics and other serious cross-border health threats

Report

Press release

Study on Big Data in Public Health, Telemedicine, and Healthcare – European Commission

The aim of the study on Big Data in Public Health, Telemedicine and Healthcare is to identify applicable examples of the use of Big Data in Health and develop recommendations for their implementation in the European Union.

Examples of Big Data in Health were identified by a systematic literature review, after which the added value of twenty selected examples was evaluated. Based on the assessment of the added value and the quality of the evidence, ten priority examples were selected.

Furthermore, potential policy actions for the implementation of Big Data in Health were identified in the literature, and a SWOT analysis was conducted to check the feasibility of the proposed actions. Based on this analysis, and with the help of renowned experts, the study team developed ten policy recommendations in the field.

These recommendations were validated through public consultations at three relevant conferences in Europe and were again reviewed by the Expert Group. The recommendations aim to benefit European citizens and patients in terms of strengthening their health and improving the performance of Member State's health systems. They should be seen as suggestions for the European Union and its Member States on how to utilise the strengths and exploit the opportunities of Big Data for Public Health without threatening privacy or safety of citizens.

Recommendations were developed for ten relevant fields: awareness raising, education and training, data sources, open data and data sharing, applications and purposes, data analysis, governance of data access and use, standards, funding, and financial resources, as well as legal aspects and privacy regulation.

Full report



Cyber security and resilience for Smart Hospitals – European Union Agency for Network and Information Security (ENISA)

On 24 November 2016, the European Union Agency for Network and Information Security (ENISA) published a study on Cyber security and resilience for Smart Hospitals.

This study proposes key recommendations for hospital information security executives and industry to enhance the level of information security in Smart Hospitals. Through the identification of assets and the related threats when IoT components are supporting a healthcare organisation the report described the Smart Hospital ecosystem and its specific objectives. Based on the analysis of documents and empirical data, and the detailed examination of attack scenarios found to be particularly relevant for smart hospitals, this document identifies mitigation techniques and good practices.”

Full study



Social affairs

European Commission's proposal to update EU rules on social security coordination

On 13 December 2016, the European Commission presented a revision of the EU legislation on social security coordination.

This action takes place within the framework of 2016 Commission Work Programme and the Commission's effort to facilitate labour mobility, ensure fairness for those who move and for taxpayers and provide better tools for cooperation between Member States authorities. The proposal refreshes the current rules to ensure that they are fair, clear, and easier to enforce. Freedom of movement and residence for persons in the EU is the cornerstone of Union citizenship and it would not be possible without EU rules on coordination of social security. These rules guarantee that you do not lose your social security protection when moving to another Member State.

The proposal updates the EU rules in the following four areas: Unemployment benefits, long-term care benefits, access of economically inactive citizens to social benefits and social security coordination for posted workers.

Learn more information [here](#)



European policies on migration and healthcare – Parliamentary question

MEP Ildikó Gáll-Pelcz (PPE) submitted a written question to the Commission regarding the healthcare provided to the migrants and the possibility of overburden of healthcare institutions in Member States. The MEP also asked if the Commission plan to set up a pan-European monitoring system. The last part of her written question is related to the possible establishment of a separate fund to finance care for the refugees.

Commissioner Andriukaitis answered stating that according to the Treaty on the Functioning of the European Union, Member States are responsible for the management of health services and medical care and the allocation of the resources assigned to them. The Commission is keen to use its tools and financing instruments to help Member States address the health of migrants and refugees through the following programmes and instruments:

- The Emergency Support Instrument has financed primary healthcare of the refugee population in Greece.
- The EU Asylum, Migration, and Integration Fund (AMIF) provided emergency funding to Greece as well as regular funding, to be used to respond to migrants needs, including healthcare.
- The Ministry of Health of Greece also received two grants under the Funds managed by the Directorate-General Migration and Home Affairs to increase the capacity to provide primary healthcare to migrants and refugees.
- The EU Health Programme has financed projects on refugees and migrant health.

The Commission is envisaging to develop further action under the Programme to exchange good practices and share awareness-raising approaches to promote health, better integration, and the appropriate use of health systems. As such, the Commission is not planning to establish a separate fund to finance healthcare for refugees nor to establish a system to monitor the healthcare Member States provide to migrants and refugees. The epidemiological situation in the EU is monitored by the European Centre for Disease Prevention and Control.

Written question

Written answer

Recourse to successive fixed-term contracts to cover permanent needs in the healthcare sector is contrary to EU law – Judgement

The Court of Justice of the European Union (CJEU) delivered on 14 September 2016 a judgement on the case C-16/15 María Elena Pérez López V Servicio Madrileño de Salud.

With this judgement, the CJEU clarifies the condition of application of the articles Clauses 3 to 5 of the framework agreement on fixed-term work, concluded on 18 March 1999 ('the framework agreement') set out in the Annex to Council Directive 1999/70/EC of 28 June 1999 concerning the framework agreement on fixed-term work concluded by ETUC, UNICE and CEEP (OJ 1999 L 175, p. 43).

In the judgment, the Court replies that the renewal of successive fixed-term employment contracts in the public health sector is deemed to be justified by 'objective grounds', within the meaning of that clause, on the ground that those contracts are founded on legal provisions allowing them to be renewed in order to ensure the provision of certain services of a temporary, auxiliary or extraordinary nature when, in fact, those needs are fixed and permanent.

Full Judgement

European programmes and projects

Call for tender on the support for the health workforce planning and forecasting expert network – European Commission

On 29 November 2016, the European Commission published a new call for tender through Consumer, Health, Agriculture, and Food Agency (CHAFEA).

The purpose of this tender is to sustain cross-country cooperation and provide support to Member States to increase their knowledge, improve their tools and succeed in achieving a higher effectiveness in health workforce planning processes and policy. It will serve to continue the work undertaken by the joint action HWF and aims to be consistent with its achievements. This Joint Action aims to improve the capacity for health workforce planning and forecasting by supporting European collaboration. The Joint Action provides insights to an analysis on future skills and competences in the health sector to feed into the labour market intelligence needed in Member States to define skill needs in their health workforce education and training policies.

The deadline for this tender is on 30 January 2017.

Contract notice

EU Joint Action on Health Workforce Planning & Forecasting

Call for tender concerning the study to support the assessment of the socio-economic impacts of potential future EU initiatives on HIV/AIDS, viral hepatitis and tuberculosis – CHAFEA

On 4 January 2017, the Consumer, Health, Agriculture, and Food Agency (CHAFEA) published a call for tender.

The objective of the study is to collect evidence and to provide an assessment and forecast of the socio-economic impacts of policy initiatives at EU level on the HIV/AIDS, viral hepatitis and tuberculosis epidemics in Europe and support these forecasts with factual information.

The deadline for this tender is on 21 February 2017.

Contract notice

Switzerland steps up research and innovation cooperation with the EU

Since 1 January 2017, Swiss researchers and organisations will now be able to fully participate in Horizon 2020, the European Union's research and innovation funding programme, on equal terms with entities from EU Member States and other associated countries.

This modification is explained by the change of status of Switzerland. The country became fully associated to Horizon 2020 at the first day of the year. Until now, Switzerland has only been associated to parts of the programme.

Read more

Second European Summit on Innovation for Active and Healthy Ageing

On 6 and 7 December 2016, HOPE participated to the second European Summit on Innovation for Active and Healthy Ageing that took place in Brussels from 5 to 8 December 2016.

Over 1600 participants joined this year's event, which looked into how digital innovation would "Transform the future of health and care in Europe" and unveiled a shared-vision on how the Digital Single Market can turn demographic change into an opportunity for social development and economic growth in Europe. Additionally, the future of the European Innovation Partnership on Active and Healthy Ageing was discussed and how it can evolve in its pursuit of innovating at scale for a better quality of life for Europe's ageing population, more sustainable health and care systems and generate economic growth and investment.

More information on the Summit available **[here](#)**

EURO-CAS project - kick-off meeting held in Vienna

On 20 December 2016, HOPE attended the EURO-CAS project Kick-off meeting held in Vienna.

The European eHealth Interoperability Conformity Assessment Scheme (EURO-CAS) project aims at maintaining and developing the adoption and take-up of testing the interoperability of ICT solutions against identified eHealth standards and profiles defined in the eHealth European Interoperability Framework (eEIF).

The key deliverable is a sustainable Conformity Assessment Scheme (CAS) for Europe. Based on recommendations of the Antilope project and the state of the art in interoperability testing in eHealth, EURO-CAS is committed to putting in place an operational CAS based on ISO/IEC 17025 that will meet the interoperability requirements of European eHealth projects as well as national and regional eHealth programs. This will allow testing the interoperability capabilities of products and services for a single digital market in eHealth in Europe in line with the Digital Agenda for Europe and based on international profiles and standards.

The project gathers a multi-disciplinary consortium of high-level expertise, including organizations focused on implementing international standards as well as industry stakeholders and healthcare providers that will review the state of the art of existing interoperability CAS, collect the requirements and needs from cross border, national/regional levels, establish the CAS for Europe with implementation guidelines and governance, propose business models for the CAS for Europe, validate results and foresee national/regional adoption, inform and educate eHealth stakeholders and motivate industry and projects to participate in a European accreditation process.

The CAS for Europe will provide a comprehensive framework completing the eEIF and aligned with the international CAS. Its flexibility will allow better sustainability and harmonization at European, national and regional levels.

Follow the EURO-CAS project on [Twitter](#).



The EURO-CAS Consortium at the project kick-off meeting in Vienna.

Reports

Health system efficiency: How to make measurement matter for policy and management – European Observatory on Health System and Policies study

Efficiency is one of the central preoccupations of health policy-makers and managers, and justifiably so. Inefficient care can lead to unnecessarily poor outcomes for patients, either in terms of their health, or in their experience of the health system. What is more, inefficiency anywhere in the system is likely to deny health improvement to patients who might have been treated if resources had been used better. Improving efficiency is therefore a compelling policy goal, especially in systems facing serious resource constraints.

The desire for greater efficiency motivates a great deal of decision-making, but the routine use of efficiency metrics to guide decisions is severely lacking. To improve efficiency in the health system we must first be able to measure it and must therefore ensure that our metrics are relevant and useful for policy-makers and managers. In this book the authors explore the state of the art on efficiency measurement in health systems and international experts offer insights into the pitfalls and potential associated with various measurement techniques. The authors show that

- The core idea of efficiency is easy to understand in principle - maximizing valued outputs relative to inputs, but is often difficult to make operational in real-life situations
- There have been numerous advances in data collection and availability, as well as innovative methodological approaches that give valuable insights into how efficiently health care is delivered
- Our simple analytical framework can facilitate the development and interpretation of efficiency indicators

The authors use examples from Europe and around the world to explore how policy-makers and managers have used efficiency measurement to support their work in the past, and suggest ways they can make better use of efficiency measurement in the future.

Full study

Challenges and opportunities in improving access to medicines through efficient public procurement in the WHO European Region (2016) – WHO Europe report

This report maps different methods used by countries to conduct more efficient procurement and to improve access to treatment, with a focus on procurement of medicines. Efficient procurement involves more than just obtaining the lowest price – it is about creating a healthy market where high-quality products are available at the right time at affordable prices and at the right quantity.

Strategic procurement encompasses all activities aimed at improving procurement efficiency. These include, for example, activities to minimize low-value repetitive purchases, to increase the benefit of economies of scale and to reduce transaction and transport costs. In pharmaceutical procurement, additional instruments can be leveraged to improve efficiency: using of generics or biosimilar products; reducing the number of medicines procured in a particular therapeutic area, implementation of clinical guidelines and formularies; and creating a competitive market through therapeutic tenders.

A country consultation was organized to review national procurement experiences and explore opportunities for collaboration between countries to address key challenges faced in introducing new medicines. It was noted that access to new medicines in Europe could be further facilitated through regional or sub regional country collaboration on public procurement of medicines. Discussion points were formulated on how to improve access to new medicines by enhancing the efficiency of procurement systems. A number of initiatives have been set up in recent years. Voluntary collaboration between countries in Europe could also increase efficiency in procurement, and discussion about the possibility of increasing this is growing.

Full report

Health system in transition: Slovakia – European Observatory on Health Systems and Policies review

This analysis of the Slovak health system reviews recent developments in organization and governance, health financing, health-care provision, health reforms and health system performance.

The health care system in Slovakia is based on universal coverage, compulsory health insurance, a basic benefit package and a competitive insurance model with selective contracting of health care providers. Containment of health spending became a major policy goal after the 2008 financial crisis. Health

spending stabilized after 2010 but remains well below European averages. Some health indicators, such as life expectancy, healthy life years and avoidable deaths are worrisome.

Furthermore, weak hospital management, high numbers of unused acute beds, overprescribing pharmaceuticals, and poor gatekeeping of the system all lead to over-utilization of services and system inefficiency. This suggests substantial room for improvement in delivery of care, especially for primary and long-term care.

Additionally, there is inequity in the distribution of health providers, resulting in lengthy travelling distances and waiting times for patients. Given the ageing workforce, this trend is likely to continue. Current strategic documents and reform efforts aim to address the lack of efficiency and accountability. There has been a strong will to tackle these challenges but this has often been hindered by a lack of political consensus over issues such as the role of the state, the appropriate role of market mechanisms and profits, as well as the extent of out-of-pocket payments. Successive governments have taken different positions on these issues since the establishment of the current health system in 2002, and major reforms remain to be implemented.

Full review

From innovation to implementation – eHealth in the WHO European Region – WHO Europe report

This report describes the development of and emerging trends in electronic health (e-health) in the WHO European Region in 2016. Its content and key messages are based on data collected from the 2015 WHO Global eHealth Survey and the assistance of a number of key practitioners in the field. The report gives case examples to illustrate success stories in countries and the practical application of e-health in various settings. The key outcomes given provide evidence of an increasing appetite for e-health and indicate tangible progress in the mainstreaming of technology solutions across the European Region to improve public health and health-service delivery.

Together, the findings and analysis provided in this report offer a detailed insight into the development of e-health in Europe. Through the recommendations and proposed actions, WHO echoes its commitment to supporting Member States in developing their national e-health environments as a strategic component in the achievement of universal health coverage and the policy objectives of Health 2020 in the European Region.

Full report

Implementation of the cross-border healthcare directive in Poland: How not to encourage patients to seek care abroad? – Health Policy article

In October 2014, after over 12 months of delay, Poland finally implemented directive 2011/24/EU on the application of patients' rights in cross-border healthcare.

The implementing legislation in the area of cost reimbursement and prior authorization is very restrictive. The goal is to either defer the public payer's expenses into the future or to discourage patients from seeking care abroad or from seeking care altogether.

The Polish government and the Ministry of Health, the key stakeholders in the implementation process, seemed to overlook the potential monetary benefits that the implementation of the directive could bring, for example, by promoting Poland as a destination for health tourism. Other stakeholders, such as patients and healthcare providers, had no real influence on the policy process.

So far, the number of applications for planned treatment abroad has been very low and the majority of them were actually turned down as they did not meet the formal requirements. This number is likely to remain low in the future as accessing such care is cumbersome and not affordable for many patients.

Overall, while the directive does not aim to encourage patients to seek cross-border healthcare, the current national regulations in Poland do not seem to facilitate access to cross-border healthcare, which is the main goal of the directive.

[Full article](#)

Patient satisfaction, e-health and the evolution of the patient–general practitioner relationship: Evidence from an Italian survey – Health policy article

Scientific and public interest in the use of the Internet for health-related purposes has grown considerably. Concerns regarding its impact on patient–doctor relationship and risks for patients have inflamed the debate.

Literature provides scarce evidence in this field. This paper investigates whether a patient's decision to use the web also depends on previous experience and satisfaction with healthcare. Statistical analyses were conducted using data from a survey of more than 1700 citizens in Tuscany (Italy).

The Andersen behavioural model was adopted as framework for investigating two patient behaviours: Internet use for health-related purposes; discussion of online findings with the physician. Two separate multivariate logistic models were performed to verify whether satisfaction and experience with healthcare system and general practitioners were associated with the e-health behaviours. Age, education and dissatisfaction with the healthcare system are the main determinant factors of e-health use.

The behaviour of sharing the e-health experience with general practitioners is more diffused among those patients who are more satisfied with physicians for the involvement in the decision-making process and suggestions on life-style.

Full article

Pay for performance in the inpatient sector: A review of 34 P4P programs in 14 OECD countries – Health Policy article

Across the member countries of the Organisation for Economic Co-operation and Development (OECD), pay-for-performance (P4P) programs have been implemented in the inpatient sector to improve the quality of care provided by hospitals.

This paper provides an overview of 34 existing P4P programs in the inpatient sector in 14 OECD countries based on a structured literature search in five databases to identify relevant sources in Danish, English, French, German, Hebrew, Italian, Japanese, Korean, Norwegian, Spanish, Swedish and Turkish. It assembles information on the design and effects of these P4P systems and discusses whether evaluations of such programs allow preliminary conclusions to be drawn about the effects of P4P.

The programs are very heterogeneous in their aim, the selection of indicators and the design of financial rewards. The impact of P4P is unclear and it may be that the moderately positive effects seen for some programs can be attributed to side effects, such as public reporting and increased awareness of data recording. Policy makers must decide whether the potential benefits of introducing a P4P program outweigh the potential risks within their national or regional context, and should be aware that P4P programs have yet not lived up to expectations.

[Full article](#)

[Stuck in the middle? A perspective on ongoing pro-competitive reforms in Dutch mental healthcare - Health Policy article](#)

Pro-competitive reforms have been implemented in many Western healthcare systems, of which the Netherlands is a prominent example. While the pro-competitive reforms in the Dutch specialized care sector have drawn considerable academic attention, mental health care is often excluded.

However, in line with other segments of specialized care, pro-competitive legislation has formed the core of mental health care reforms, albeit with several notable differences. Ever since mental health services were included in the Health Insurance Act in 2008, the Dutch mental healthcare sector has been in an ongoing state of reform. Numerous major and minor adaptations have continuously altered the services covered by the basic insurance package, the actors responsible for providing and contracting care, and definitions and measurements of quality. Most notably, insurers and municipalities, which are responsible for selectively contracting those providers that offer high value-for-money, seem insensitive to quality aspects.

The question whether the Dutch mental health sector has inherited the best or the worst of a competitive and non-competitive system lingers and international policy makers contemplating reforming their mental health sector should take note.

[Full article](#)

Harmonisation and standardisation of health sector and programme reviews and evaluations – how can they better inform health policy dialogue? Health Research Policy and System article

Health sector and programme performance assessments provide a rich source of contextual data directly linked to implementation of programmes and can inform health policy dialogue, planning and resource allocation. In seeking to maximise this opportunity, there are challenges to overcome.

A meeting convened by the World Health Organization African Region discussed the strengths, weaknesses and challenges to harmonising and standardising health sector and programme performance assessments, as well as use of evidence from such processes in decision making.

This article synthesises the deliberations which emerged from the meeting. Discussing these in light of other literature we propose practical options to standardising health sector and programme performance assessment and improve realisation of using evidence in decision making. Use of evidence generated from health sector and programme performance assessments into regular country processes of sectoral monitoring, dialogue and policy modification is crucial.

However, this process faces several challenges. Identified challenges were categorised under several themes, namely the weak institutional capacities for monitoring and evaluation in reference to weak health information systems, a lack of tools and skills, and weak accountability mechanisms; desynchronised planning timeframes between programme and overall health sector strategies; inadequate time to undertake comprehensive and good quality performance assessment; weak mechanisms for following up on implementation of recommendations; lack of effective stakeholder participation; and divergent political aspirations.

The question of what performance assessment is for in a country must be asked and answered clearly if the utility of these processes is to be realised. Standardising programme and sector reviews offers numerable opportunities that need to be maximised. Identified challenges need to be overcome through strengthened Ministry of Health leadership, effective stakeholder engagement and institutionalising follow-up mechanisms for agreed recommendations. In addition, health sector performance assessments need to be institutionalised as part of the accountability mechanism, and they must be planned for and funding secured within annual budget and medium term expenditure frameworks.

Full article

Disinvestment Strategies for Pharmaceuticals : An International Review - Questions d'économie de la santé

The purpose of this international literature review is to evaluate the partial or full disinvestment policies of some publicly funded or subsidized drugs in five OECD countries (Australia, Canada, France, New Zealand, and the United Kingdom). It is based on an international study published in the journal *Pharmacoeconomic* in 2015. Disinvestment can take two forms, passive and active.

The first is not linked to direct government intervention: a drug will be withdrawn from the market by the manufacturer for commercial reasons or because of identified safety problems. Active divestment is driven by a political will to improve the efficiency and quality of care by reducing the pressure on pharmaceutical budgets. While countries rely more heavily on passive disinvestment, they tend to increasingly resort to active disinvestment. Governments are under increasing pressure to disinvest medicines with low therapeutic value in order to provide flexibility for innovative new medicines with recognized efficacy.

Full article (EN)

The arduous quest for translating health care productivity gains into cost savings. Lessons from their evolution at economic scoring agencies in the Netherlands and the US – Health policy

The authors analyse the assessments of recent health reforms by the Congressional Budget Office (CBO) in the United States and the Bureau for Economic Policy Analysis (CPB) in the Netherlands.

Both reforms aim to capitalize on productivity gains, which is appealing for policymakers because of the potential for cost savings while maintaining – or enhancing – quality and access. These measures however generally translate into more health care, rather than care that is affordable and appropriate. Scoring agencies therefore have rightfully been reluctant to assign significant savings to these measures. Thus, with regard to cost savings, both agencies instead have favoured more traditional policy measures in the past. They are however increasingly mapping out loose ends and dilemmas for payers, including information asymmetries, reputation issues and provider business models that contradict the goals of policymakers. This calls for further exploring this avenue and the development of more integrated agendas that might commit actors and the spread of best practices.

Full article

POLITICO event "Outside, in: Transforming Health Care Through Disruptive Innovation"

On 1 December 2016, Phillips presented a Politico's event to discuss disruptive innovation as a potential way to transform health care systems.

Disruptive innovation through the prism of Big Data analysis for example, can speed up the time needed for diagnosis and the development of new treatments and improve the efficiency of health care delivery. At the intersection of health and technology, POLITICO's event, gathered European and national policymakers, patient representatives, and industry leaders to examine the opportunities and challenges facing the ageing population in Europe.

More information

"Pharmaceutical residues and other micro pollutants in water - Concepts and Strategies for Prevention and Reduction" - Representation of the State of Baden-Württemberg to the European Union panel discussion

On 8 December 2016, HOPE attended to a panel discussion organised by Mr Franz Untersteller, Minister for the Environment, Climate Protection and the Energy Sector of Baden-Württemberg on "Pharmaceutical residues and other micro pollutants in water - Concepts and Strategies for Prevention and Reduction".

The panellists discussed on the pharmaceutical substances and other chemicals which are released into the water cycle every day – including with our own domestic waste water. These pharmaceuticals find their way into stretches of water where they can be damaging to aquatic life. Stable compounds such as x-ray contrast or fluorinated chemicals can impair the treatment of drinking water. Water and soil contamination with pharmaceutical residues is increasingly recognised as an environmental problem. Diclofenac, oestrogen and certain antibiotics are now being studied in surface waters throughout the European Union to estimate the risk.

The European Commission is planning a strategic approach to counter the pollution of water with pharmaceutical substances and has announced the publication of a roadmap.

Requirements arising from approval procedures throughout the European Union and the local upgrading of local authority sewage treatment plants with an additional – "end-of-pipe" – cleaning phase are examples of the range of options available.

Know more about quality of Europe's water

From policies to practice - from practice to policies: Creating synergies for better health in Europe – EPA Policy event 2016

On 9 December 2016, HOPE was invited to the EPA Policy event "From policies to practice - from practice to policies: Creating synergies for better health in Europe".

The policy event gathered together EPA leaders, high-level representatives from European Institutions, (mental) health professionals, academics, patients and civil society. They discussed relevant EU policy developments in integrated health care and mental health in the workplace and exchange on possible solutions for better health and health care in Europe.

The EPA policy event was chaired by Wolfgang Gaebel (EPA President), Manuel Martín Carrasco (Chair of the EPA Council of National Psychiatric Societies/Associations) and Silvana Galderisi (EPA President Elect).

Press release

Upcoming conferences



2nd Multi-stakeholder Symposium on Improving Patient Access to Rare Disease Therapies – UPDATE

Brussels, 22-23 February 2017

To mark the occasion of Rare Disease Day 2016, HOPE co-organizes with Eurordis the 2nd Multi-Stakeholder Symposium on Improving Patient Access to Rare Disease Therapies.

The event will take place from 22 to 23 February 2017 with the collaboration of a range of multi-stakeholder partners. Last year, Eurordis brought together a unique combination of nearly 300 patient advocates, academics, policymakers, industry representatives, payers and HTA bodies and aimed to develop sustainable and durable solutions to improve patients access to rare disease therapies across Europe. This symposium will be a continuation of the discussion initiated last year.

Registrations are now open. For more information please consult [Eurordis Website](#) and download the **Preliminary programme**.

Health Promoting Hospitals 2017

Vienna, 12-24 April 2017

The 25th anniversary of the International HPH Conferences with HOPE as part of the Scientific Committee will be held in Vienna at the University of Vienna, from 12 to 14 April 2017.

Details will be available soon at: www.hphconferences.org/vienna2017

HOPE Agora 2017

11-13 June 2017, Dublin (Ireland)

The HOPE Agora 2017 will take place in Dublin from Sunday 11 June afternoon to Tuesday 13 June afternoon 2017.

The main topic for 2017 will be "Organisational innovation in Hospitals and Healthcare". Organisational innovation is a broad topic which shall be intended as the implementation of a new method or process in relation to the use of new technologies, to health services provision, to human resources management and patients' empowerment or involvement.

The HOPE Agora is also the closing event of the HOPE Exchange Programme for Healthcare Professionals. Since its creation in 1981, the programme aims to lead to better understanding of the functioning of healthcare and hospital systems within the EU and neighbour countries, by facilitating co-operation and exchange of best practices.

More information on HOPE Agora:

<http://www.hope-agera.eu/>