# NEWSLETTER

N° 103 – April 2013

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## UPCOMING CONFERENCES

***22-24 May 2013 – Gothenburg (Sweden)***

*HPH CONFERENCE 2013: TOWARDS A MORE HEALTH-ORIENTED HEALTH SERVICE*

***30 May 2013 – Paris (France)***

*1ST EUROPEAN FORUM OF PUBLIC PROCUREMENT OF INNOVATION FOR HEALTH-HOSPITAL PURCHASERS: RELEVANT STAKEHOLDERS OF THE EUROPEAN INDUSTRIAL INNOVATION*

**Registration is now open**

***Français***

***http://www.salons-sante-autonomie.com/fr/conferences-congres/1ere-rencontres-europeennes-de-l-achat-public-d-innovation-en-sante/***

***English***

***http://www.salons-sante-autonomie.com/en/conferences-congress/1st-european-forum-for-public-procurement-of-healthcare-innovation/***

***30-31 May 2013 –Ghent (Belgium)***

*CONFERENCE FLEMISH HOSPITALS: TOGETHER WE CARE*

**Registration is now open**

***http://www.togetherwecare.be/***

***11 June 2013 – The Hague (The Netherlands)***

*PATIENT SAFETY IN PRACTICE – HOW TO MANAGE RISKS TO PATIENT SAFETY AND QUALITY IN EUROPEAN HEALTHCARE*

**Registration is now open**

***http://www.nvz-ziekenhuizen.nl/hope-congres/aanmelden/english/***

***19-20 November 2013 – Chamonix Mont-Blanc (France)***

*EQUIP'AID. SHARING FOR BETTER HEALTHCARE*

***28-30 November 2013 – Kirchberg (Luxembourg)***

*28TH EAHM CONGRESS "HOSPITAL MANAGEMENT IN TIME OF CRISIS"*

Public Health

## *EU HEALTH POLICY FORUM*

On 9 April 2013, HOPE attended in Brussels the meeting of the EU Health Policy Forum, which brings together 52 umbrella organisations representing European stakeholders in the fields of public health and healthcare.

The meeting started with an opening speech by Tonio Borg, the EU Commissioner for Health and Consumer Policy, who discussed the key messages of the recent Commission Staff Working Document "*Investing in Health*", adopted as part of the Social Investment Package on 20 February 2013.

Mr. Borg stressed the fact that health is a value in itself and a key contributor towards achieving economic prosperity and a job-rich recovery from the current crisis. He then highlighted three key elements, which constitute the way forward on the road to recovery:

- investing in sustainable health systems and improve cost-efficiency through the use of Health Technology Assessment and eHealth solutions;
- investing in health as human capital;
- investing to reduce health inequalities.

The meeting represented also an opportunity for the Irish Presidency to provide an update on health policy priorities such as the EU Health Programme 2014-2020 and the Decision on Serious cross-border threats to health, dossiers that the Presidency would like to complete before the end of its mandate.

Health priorities during the upcoming Lithuanian Presidency were also presented. These include the Clinical Trials and Medical Devices Regulations, the Transparency Directive and the completion of the two ongoing reflection process on "Chronic Disease" and on "Modern, responsive and sustainable health systems".

The European Commission also updated participants on the work carried out on the theme of antimicrobial resistance. Next steps include a Eurobarometer survey to be published in the first

quarter of 2014 and the release by the European Commission of a progress report on the implementation of the five years Action Plan against antimicrobial resistance.

Another issue addressed during the Forum related to the planning and priorities of future public health research. The Commission presented a draft report prepared by an Independent Experts Group, which reviewed past projects and provided recommendations for the next research programme such as the strenghtening of dissemination plans and the establishment of a long-term accessible repository of outputs.

Finally, information was provided on the European Innovation Partnership on Healthy and Active Ageing, which has received until now more than 500 commitments and currently involves more than 3000 partners around the EU. In July, a prize will be assigned to best practice reference sites i.e. coalitions of regions, cities, integrated hospitals or care organisations that are able to show their impact.

***More information:***
***http://ec.europa.eu/health/interest_groups/eu_health_forum/policy_forum/index_en.htm***

## *MEDICAL DEVICES – DRAFT REPORTS*

On 24 April 2013, Rapporteurs Dagmar Roth-Behrendt (S&D, Germany) and Peter Liese (EPP, Germany) presented to the Environment, Public Health and Food Safety (ENVI) Parliamentary Committee the draft reports on medical devices and on in vitro diagnostic medical devices.

The aim of both proposals is to address inconsistencies in interpretation by the Member States of the current rules, increase the protection of public health and safety, remove obstacles to the internal market, improve transparency with regards to information to patients, and strengthen the rules on traceability.

In the draft report on medical devices, Rapporteur Roth-Behrendt suggests tightening up provisions to ensure higher level of public health and safety. She submitted 145 amendments, which include:

- the introduction of a streamlined centralised (via EMA) and decentralised marketing authorisation procedure (via national authorities) for specific types of high risk devices;
- a clear distinction between single use and reusable devices. All devices should be labelled as reusable as a rule. To label devices as single-use, manufacturers should provide justification based on sufficient scientific evidence. By derogation to this rule, manufacturers of class III devices should still have the possibility to label them as single-use if the Scientific Committee on Emerging and Newly Identified Health Risks gives a positive opinion;
- the introduction of a swift procedure for cases where e.g. hospital or a clinic, which already reprocess specific devices, wants to challenge the single-use label of manufacturer by providing evidence that the medical device can be reprocessed safely;
- a provision to ensure ethics committees are consulted before investigation is allowed;
- a proposal to tighten the requirements for notified bodies in terms of qualifications of permanent personnel, subcontracting activities, fees;

- the establishment of a multidisciplinary advisory committee of experts and representatives of stakeholders and civil society organisations to provide specialist advice.

In the draft report on in vitro medical devices, Rapporteur Liese proposes to:

- align provisions on clinical performance studies to the Clinical trials regulation, and hence consult ethics committees before investigation is allowed;
- adapt the provisions on in-house testing;
- clarify that companion diagnostics are not subject to any in-house derogation;
- tighten the provisions with regards to self-testing;
- introduce provisions in the area of informed consent for DNA tests.

The deadline for tabling amendments is 13 June 2013.

***The draft report on medical devices is available at:***
***http://www.europarl.europa.eu/sides/getDoc.do?pubRef=-%2f%2fEP%2f%2fNONSGML%2bCOMPARL%2bPE-507.972%2b02%2bDOC%2bPDF%2bV0%2f%2fEN***

***The draft report on in vitro diagnostic medical devices is available at:***
***http://www.europarl.europa.eu/sides/getDoc.do?pubRef=-%2f%2fEP%2f%2fNONSGML%2bCOMPARL%2bPE-506.196%2b01%2bDOC%2bPDF%2bV0%2f%2fEN***

## *MEDICAL DEVICES – CONSULTATION ON DRAFT GUIDANCE ON UDI SYSTEM*

A public consultation on the draft guidance document "*UDI System for Medical Devices – Version 2.0*" has been recently launched. The proposed document has been drafted by the International Medical Device Regulators Forum (IMDRF), Unique Device Identification (UDI) System Working Group.

The draft guidance provides a framework for those regulatory authorities that intend to develop their own UDI Systems – such that, when implemented, it achieves a globally harmonised approach to UDI. It is expected that the regulatory authorities will follow the guidance when developing their own UDI requirements. The framework can be used at a local, national, or global level.

***More information: http://www.imdrf.org/consultations/cons-udi.asp***

## *EUROPEAN MONTH OF THE BRAIN – MAY 2013*

The European Commission has designated May 2013 the European Month of the Brain.

Understanding the human brain and its diseases is one of the greatest scientific and philosophical challenges. During the last decades, brain research has made great progress on all fronts but much

more is still to be discovered. Advances in neuroscience are crucial to keep ageing societies and economy healthy especially in consideration of the fact that brain-related disorders will affect at least one in every three Europeans and treating these disorders costs already now some 800 billion Euro in Europe every year.

For this occasion, activities and events to raise awareness of the importance of supporting brain research have been organised. These include the following two conferences organised by the European Commission:

- a conference to showcase European projects in the field and outline future scientific challenges (organised in Brussels on 14 May 2013);
- a conference on European foresight policy for brain research and healthcare (organised under the Irish EU Presidency in Dublin on 27-28 May 2013).

***More information:***
***http://ec.europa.eu/research/conferences/2013/brain-month/index_en.cfm***


## *e-PROCUREMENT – GOOD PRACTICE BOOK*

On 9 April 2013, the European Commission presented an independent study, carried out by PWC consultants, which analyses in depth around 30 electronic platforms used for public procurement in the EU.

The report, the "*Golden book of e-procurement*", presents good practices in the area of e-procurement but also practices that should be avoided. These practices are aimed at helping to improve e-Procurement systems. Good and bad practices take into account, amongst other criteria, the needs of SMEs and cross-border suppliers when using an e- procurement platform.

***The report is available at:***
***http://ec.europa.eu/internal_market/publicprocurement/e-procurement/golden-book/docs/e-procurement_golden_book_of_good_practice.pdf***

## Social Affairs

### *ELECTROMAGNETIC FIELDS – AGREEMENT REACHED*

On 10 April 2013, the Council and the European Parliament have reached an agreement on the Directive on minimum health and safety requirements regarding the exposure of workers to the risks arising from electromagnetic fields.

The agreed text reviews exposure limitations based on new scientific evidence while providing exceptions for the installation, testing, use, development and maintenance of magnetic resonance imaging (MRI) equipment used in healthcare, as well as research in this area.

It was also agreed that the new legislation will address the short-term impact on health but not the long-term effects, since there is no conclusive evidence of a casual relationship. However, the Commission will monitor future scientific developments in this area. Rules on health surveillance and on the records to be established regarding risks, prevention and protection measures have also been strengthened.

The compromise text will have now to be formally approved by a vote in the European Parliament, which is expected in June 2013.

## Enterprise

### *BIOSIMILARS WORKING GROUP – FINAL DELIVERABLES*

The platform on access to medicines in Europe is one of the three work areas of the Process on Corporate Responsibility in the field of Pharmaceuticals. It facilitates discussions on ethics and transparency of the sector but also on non-regulatory conditions for better access to medicines after their marketing authorisation.

The platform is composed of five working groups on facilitating supply in small markets, promoting good governance for non-prescription drugs, capacity building on managed entry agreements for innovative medicines, mechanism of coordinated access to orphan medicinal products, and on market access for biosimilars.

The working group on market access for biosimilars was invited to take stock of the availability of biosimilar medicinal products in European national markets and to define the necessary conditions for an informed uptake and adequate patient access to these products. The working group has recently published its final deliverables which include:

- a table with information on the reimbursement status of biosimilar medicinal products in EEA countries;
- a study on "Biosimilar accessible market : Size and biosimilar penetration";
- a consensus information document entitled "What you need to know about Biosimilar Medicinal Products" with a Q & A for patients, physicians and payers.

***The deliverables are available at:***
***http://ec.europa.eu/enterprise/sectors/healthcare/competitiveness/process_on_corporate_responsibility/platform_access/index_en.htm***

## *REDUCED RATE OF VAT FOR MEDICINES AND MEDICAL EQUIPMENT – JUDGMENT*

FAILURE OF A MEMBER STATE TO FULFIL OBLIGATIONS – VALUE ADDED TAX – DIRECTIVE 2006/112/EC – APPLICATION OF A REDUCED RATE

The EU VAT Directive 2006/112/EC allows Member States to apply a reduced rate of value added tax to certain items, including medicines and medical devices for personal use.

In case C-360/11 (European Commission v Spain, 17 January 2013), the Court finds that this reduction may not be applied to medicinal substances which can be used in the manufacturing of medicinal products, to medical devices and equipment for diagnosis and treatment, to products used by professionals or hospitals, or to aids and equipment used to treat animals.

***More information:***
***http://curia.europa.eu/juris/document/document.jsf?text=&docid=132525&pageIndex=0&doclang=EN&mode=lst&dir=&occ=first&part=1&cid=111872***

## *PUBLIC CONTRACTS – JUDGEMENT*

REFERENCE FOR A PRELIMINARY RULING- PUBLIC CONTRACTS - DIRECTIVE 2004/18/EC , ARTICLE 1(2)(A) & (D)

Case C-159/11 (Azienda Sanitaria Locale di Lecce v Ordine degli Ingegneri della Provincia di Lecce and Others, 19 December 2012) concerns a public contract for the study and evaluation of the seismic vulnerability of hospital structures.

The Court rules that national legislation which authorises the conclusion, without an invitation to tender, of a contract by which public entities establish cooperation with each other, is not in conformity with European Union public procurement law, where that contract is not governed solely by considerations relating to the pursuit of objectives in the public interest, or where the contract can place a private provider of services in a position of advantage vis-à-vis his competitors.

***More information:***
***http://curia.europa.eu/juris/document/document.jsf?text=&docid=131982&pageIndex=0&doclang=EN&mode=lst&dir=&occ=first&part=1&cid=2482557***


## *HEALTH C – WEBSITE LAUNCHED*

The HEALTH C project has recently launched its website, which provides access to relevant information and updates about the project.

HEALTH C is a 2 years duration initiative co-founded by the European Commission through the Lifelong Learning program – Leonardo da Vinci – Development of Innovation subprogram. The project aims at supporting health authorities' staff in development of competences required for managing communication in emergency situations caused by a health crisis in a scenario of transnational emergencies.

The main results of the HEALTH C project will include the development of a training course in communication in emergency situations and the respective training material, including a tool-kit.

The project is led by the Portuguese Inova + with HOPE, the Azienda Sanitaria Locale della provincia di Brescia (Italy), the Ludwig-Maximilians-Universität München (Germany), the Aarhus Social and Health Care College (Denmark) and the Spanish Artica Telemedicina as associated partners. HOPE is the Leader of Work Package 2, which is dedicated to the identification of target groups' training needs and competences.

***More information: http://healthc-project.eu/***

## *JOINT ACTION ON HEALTH WORKFORCE PLANNING AND FORECASTING – KICK-OFF MEETING*

On 11 and 12 April 2013, HOPE participated to the Kick-Off Meeting concerning the Joint Action on Health Workforce Planning and Forecasting as associated partner of the project.

Demand, need and supply of the health workforce (HWF) are influenced by multiple factors like ageing population, ageing workforce, rising care use and rising costs in a context of budget constraints. The time lag between decisions and change can be long. New skills may need new schools, trainers, curricula. The HWF is more mobile and this challenges the self-sufficiency of countries. Hence HWF planning is crucial. There is a great variety in HWF planning methods across Member States. There is no golden standard. Sharing and exchanging practices will support Member States capacity.

The general objective of this action is a platform for collaboration and exchange between Member States to prepare the future of the HWF. This platform will support Member States to take effective and sustainable measures in view of the expected shortage of the health workforce on European and national level. The Joint Action will focus on health workforce planning and forecasting mechanisms, which are recognised as crucial to support evidence based policy and to tackle expected health workforce shortages. The joint action will work towards a knowledge base on health workforce forecasting and planning methodologies in Europe; towards a platform of cooperation to find possible solutions on the expected shortage of HWF; towards guidelines and EU guidance in HWF issues; towards better monitoring of the Health Workforce by access to timely data, focused on mobility and migration in the EU and Europe; towards better knowledge of calculation methods for predicting health workforce; towards a higher impact of Health Workforce planning and forecasts on policy decision making.

***More information: http://euhwforce.eu/***

## *eHGI – PSC MEETING*

On 10 April 2013, HOPE attended the meeting of the eHealth Governance Initiative (eHGI) Policy and Strategy Committee (PSC).

The eHGI supports cooperation between Member States at Political Governance levels and eHealth Stakeholders. The European eHealth Governance Initiative ultimately aims at improving the health status of European citizens, quality and continuity of care and sustainability of European health systems. It is achieving this through the development of strategies, priorities, recommendations and guidelines designed to deliver eHealth in Europe in a co-ordinated way.

During the PSC meeting, participants discussed and validated some draft briefing documents that will be submitted to the eHealth Network, in preparation of the meeting of 14 May in Dublin.

The eHGI had an initial discussion on a non-exhaustive dataset for patient summary that can be exchanged across borders. It was proposed that the eHGI will prepare a guideline on this topic, with the aim to adopt it in November 2013.

Other issues such as semantic interoperability and e-Identification were also discussed. On the first issue, the eHGI proposed the creation of a sustainable EU "standing committee" on semantic and technical interoperability for eHealth while on e-Identification the PSC highlighted issues still to be solved such as e-ID for healthcare professionals and interoperability.

***More information: http://www.ehgi.eu***

## *MOMENTUM – SECOND WORKSHOP*

On 8 April 2013, HOPE participated to the second Workshop of MOMENTUM, the Thematic Network for Mainstreaming Telemedicine Deployment in Daily Practice.

MOMENTUM is about creating a platform across which the key players can share their knowledge and experience in deploying telemedicine services into routine care to build a body of good practice. One of the outcomes of the project will be the development of a Blueprint that validates a consolidated set of methods supporting the telemedicine service implementation process. The Blueprint will also contain the results from a questionnaire that gathers information about the deployment of telemedicine services.

At the second workshop, Telemedicine practitioners from France, Germany, Greece and Israel were invited to illustrate and explain their experience in running a telemedicine service in daily practice. They also highlighted the importance of the involvement of the GPs, decision-makers and healthcare managers in order to make the service sustainable in the long-term period.

The workshop was also the opportunity to have an update the work of the four Special Interest Groups (SIGs), each responsible for a different section of the Blueprint and respectively dedicated to telemedicine strategy and management (SIG1), organisational implementation and change management (SIG2), legal and regulatory issues (SIG3) and technical infrastructure and market relations (SIG4). HOPE is involved in the work of SIG1 and SIG2.

The four SIGs made a preliminary analysis of the responses to the questionnaire. Some of the results show that the decision to implement the telemedicine service mainly came from the local institutional and managerial level and that management involvement is very important for an effective implementation. Respondents also highlighted that hospitals together with practitioners are key partners for the delivery of telemedicine. Responses also stressed the importance of skills and competences on data protection and security issues.

As the data gathering and stakeholder involvement process continues through MOMENTUM's lifespan, the four SIGs will continue to incorporate the knowledge and information obtained in order to update and finalise the Blueprint in the next coming months.

***More information: http://www.telemedicine-momentum.eu/***

## *EUNETPAS – LIBRARY OF EUROPEAN REPORTING AND LEARNING SYSTEMS*

EUNetPaS (European Network for Patient Safety) was a project funded by the European Commission within 2007 Public Health Programme. The project was coordinated by HAS (French National Authority for Health). Its purpose was to establish an umbrella network of all 27 EU Member States and EU stakeholders to enhance the cooperation in the field of Patient Safety.

Work Packages 3 of the project was devoted to collect and share the information on reporting and learning systems and on their implementation and to maintain a library of these to encourage sharing and learning across Member States.

The intention of the library was to help to understand the similarities and differences between these systems and to make it possible to understand for each reporting and learning system what the system has been set up to do, how the system receives adverse event / incident reports, what the organisation does with the information with these systems and how the learning is shared nationally or regionally from the system.

The library, which contains data on 35 reporting and learning systems in Europe, is operated and maintained by The National Agency for Patients' Rights and Complaints with the approval of the European Commission.

***The library is available at: http://dpsd.dk/EUNetPas/The%20library.aspx***

## *PASQ – RECRUITMENT OF HEALTH CARE ORGANISATIONS*

The Join Action on Patient Safety and Quality of Care (PaSQ) has recently started the recruitment of Health Care Organisations for implementation of the Safe Clinical Practices that have been selected. These are:

- Surgical Safety Checklist;
- Medication Reconciliation;
- Multimodal intervention to increase hand hygiene compliance.

This task is being conducted within Work Package 5, which is dedicated to the implementation of patient safety initiatives and HOPE is responsible for its completion.

PaSQ National Contact Points (NCPs) of the Member States participating in the implementation process have been asked to recruit by June 14th a number of Health Care Organisations in their respective countries. The list will subsequently be published on PaSQ website.

The implementation process will officially begin on 1 July; participating Health Care Organisations are expected to begin implementation by 1 September 2013 at the latest.

***More information on PaSQ: www.pasq.eu***

## *PUBLIC PROCUREMENT OF INNOVATIVE ICT SOLUTIONS FOR eHEALTH AND AGEING WELL – CALL FOR PROPOSALS*

The Information and Communication Technologies Policy Support Programme (ICT-PSP) aims at stimulating a wider uptake of innovative ICT based services and the exploitation of digital content across Europe by citizens, governments and businesses. The focus is placed on driving this uptake in

areas of public interest while addressing EU challenges such as moving towards a low carbon economy or coping with an ageing society. The programme contributes to a better environment for developing ICT based services and helps overcome hurdles such as the lack of interoperability and market fragmentation.

Calls for proposals are currently open under Call 7 of the of CIP-ICT-PSP-2013 work program, where the EC offers co-financing for cross-border Public Procurement of Innovative ICT solutions (PPI) for e-health and ageing well.

In particular, the following support for PPI related actions is available under the following objectives of CIP-ICT-PSP-2013 work program:

- Objective 3.2.a: e-health (1 or more PPI pilots for total of up to 5 €Mio);
- Objective 3.2.b: active/healthy ageing, assisted living (1 or more PPI pilots for total of up to 5 €Mio).

The new PPI Pilot support offers a combination of max 100% EC co-financing for the eligible costs for coordination activities linked to preparation and management of the joint or coordinated PPI procurement(s) carried out by the consortium, and max 20% EC co-financing for the total price of the joint or coordinated PPI procurement(s) carried out by the consortium. Funding for coordination costs can compose max 30% of the total recommended funding up to a max of 1 €Mio.

The deadline for submission of proposals is 14 May 2013.

***More information: http://cordis.europa.eu/fp7/ict/pcp/calls_en.html***

## *EU HEALTH PROGRAMME: 2011 CALL FOR PROPOSALS – ACTIONS SELECTED FOR EU CO-FUNDING*


The European Commission has recently published a brochure, which provides a comprehensive overview of the most recent actions to have received EU financial support. These actions have all been co-funded in the framework of the second Programme of Community action in the field of public health, more commonly referred to as the EU Health Programme.

The programme operates through annual work plans adopted by the European Commission, which set out the specific priorities and allocate the programme's resources accordingly for each year of the programme. Each annual work plan is implemented through the publication of four calls for proposals, each one of which is targeted to fund specific types of public health actions: projects, conferences, joint actions between the European Commission and the EU Member States and operating grants. The actions highlighted in this brochure were selected from those proposals, and most are ongoing at the time of publication. Indicatively, approximately 27 million Euros were made available under the 2011 calls for proposals.

HOPE is a partner in the following actions described in the brochure: Support Creation of Pilot Network of Hospitals Related to Payment of Care for Cross Border Patients (HoNCAB project) and the European Union Network for Patient Safety and Quality of Care (PaSQ Joint Action).

***The brochure is available at:***
***http://ec.europa.eu/health/programme/docs/progr_call_2011_abstracts.pdf***

## *THE CHANGING NATIONAL ROLE IN HEALTH SYSTEM GOVERNANCE – WHO STUDY*


WHO has recently published "*The changing national role in health system governance*", a case-based study of 11 European countries and Australia.

This study of 12 countries provides an overview of recent changes in national governments' role in the governance of health systems, focusing on efforts to reconfigure responsibilities for health policy, regulation and management; the resultant policy priorities; and the initial impact. The shift in responsibilities shows little uniform direction: a number of countries have centralised certain areas of decision-making or regulation but decentralised others. The study reviews common trends, based on the country cases, and assesses potential future developments.

***More information:***
***http://www.euro.who.int/__data/assets/pdf_file/0006/187206/The-Changing-National-Role-in-Health-System-Governance.pdf***

## *THE EUROPEAN HEALTH REPORT 2012: CHARTING THE WAY TO WELL-BEING – WHO PUBLICATION*


Like its predecessors, the 2012 European health report describes both the overall improvements in health in the WHO European Region and their uneven distribution within and between countries. It breaks new ground, however, by helping both to define well-being, a goal of Europe's new health policy, Health 2020, and to map the way towards achieving it. By describing health in Europe, this report provides policy-makers and public health professionals with the epidemiological evidence base that underpins Health 2020 and its six overarching targets. In addition, it sets out the agreed approach to monitoring progress towards Health 2020, outlines the collaborative agenda to address the challenges ahead and makes the case for measuring well-being as a marker of progress in health.

***More information:***
***http://www.euro.who.int/__data/assets/pdf_file/0003/184161/The-European-Health-Report-2012,-FULL-REPORT-w-cover.pdf***

## *STRENGTHENING HEALTH INFORMATION INFRASTRUCTURE FOR HEALTH CARE QUALITY GOVERNANCE – OECD HEALTH POLICY BRIEF*

The OECD has recently released a policy brief entitled *"Strengthening Health Information Infrastructure For Health Care Quality Governance: Good Practices, New Opportunities and data Privacy Protection Challenges: Key Findings."*

Health data is a significant potential resource in OECD countries: to improve population health and to improve the effectiveness, safety and patient centeredness of health care systems, as well as to promote innovation and economic development in an increasingly significant part of the economy.

Some countries have been able to balance privacy rights and rights to health and healthcare in a way that permits privacy - respectful data use for monitoring population health and the quality of healthcare.

There are very good reasons for allowing data use, including to improve health outcomes and patient safety and to make good decisions about the wise use of health care resources.

In other countries, well intended laws and policies to protect privacy and to reduce the potential misuse of personal health information have limited data use. The consequence is a big difference in the ability of countries to monitor and improve health care quality and health system performance. For example, one half of OECD countries surveyed have regular programs of health care quality monitoring involving linked patient data and one half of countries are only beginning to use data from electronic health records for health and healthcare monitoring.

***More information:***
***http://www.oecd.org/health/HealthPolicyBrief_OECD-Report-on-Health-Information-Infrastructure.pdf***

## *MANAGING HOSPITAL VOLUMES: GERMANY AND EXPERIENCES FROM OECD COUNTRIES – OECD PUBLICATION*

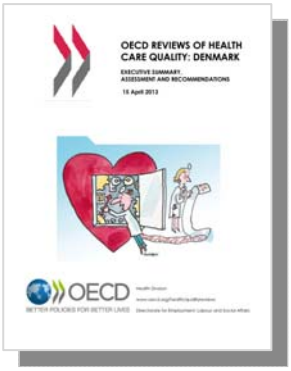

To help inform the Conference on Managing Hospital Volumes, co-organised by the German Federal Ministry of Health and the OECD, which was held on 11 April 2013 in Berlin, the OECD Secretariat produced a paper to provide an international perspective on Germany's situation and the current policy debate.

The paper begins by comparing the structure of the hospital sector in Germany and its level of volumes with other OECD countries. It then provides a general background on how hospitals are financed in Germany.

Finally, it provides some observations on the operation of the German hospital system from an international perspective, with a view to highlighting potential areas of discussion for policy makers. It provides a number of observations about the structure and financing of hospitals in Germany.

***More information:***
***http://www.oecd.org/els/health-systems/ManagingHospitalVolumes_GermanyandExperiencesfromOECDCountries.pdf***

## *OECD REVIEWS OF HEALTHCARE QUALITY – DENMARK*




The Danish central government and regions are leading international efforts to reform hospital systems, improving quality and safety by gathering specialists into major hospitals and closing smaller ones.

Denmark has also pioneered registers that track the care patients receive across multiple health services and established a sophisticated system for the accreditation of hospitals, with good results. The country should now focus on modernising its primary care sector to deal with the rising demands of chronic disease and a leaner hospital sector, according to the OECD's *Health Care Quality Review of Denmark.*

Better primary health care will also cut the high rate of hospitalisation for conditions such poorly controlled diabetes and other chronic conditions. The continuity of care is a particular problem. Today, clinical records are not shared widely within primary care services and across secondary and long-term care facilities. There is more scope for health professionals to work in teams and for doctors to focus on patients' complex care needs by shifting less skilled tasks to other professionals.

***More information:***
***http://www.oecd.org/els/health-systems/ReviewofHealthCareQualityDENMARK_ExecutiveSummary.pdf***

## *PATIENTS' EXPERIENCE AND SATISFACTION WITH GP LED WALK-IN CENTRES IN THE UK – A CROSS SECTIONAL STUDY*

GP led walk-in centres were established in the UK in 2009. Around 150 such clinics were initially planned to open. Their purpose is to provide a primary health care service to complement the urgent care services provided by Emergency Departments (ED), to reduce unnecessary patient attendance at ED, and to increase accessibility of health care services. The objectives of this study were to determine patient satisfaction and experiences with GP led walk-in centres in the UK. The GP led walk-in centres increased access to GP care and most of the patients were satisfied with the service.

***More information:***
***http://www.biomedcentral.com/content/pdf/1472-6963-13-142.pdf***

## *THE CALCULATION OF QUALITY INDICATORS FOR LONG TERM CARE FACILITIES IN 8 COUNTRIES*

Performance indicators in the long term care sector are important to evaluate the efficiency and quality of care delivery. Authors demonstrate the calculation of Long Term Care Facility Quality Indicators (LTCFQIs) from data of the European Services and Health for Elderly in Long Term Care (SHELTER) project.

They explain how risk factors are taken into account and show how LTC facilities at facility and country level can be compared on quality of care using thresholds and a Quality Indicator sum measure. The data came from LTC facilities in 7 European countries and Israel. The unadjusted values of the LTCF Quality Indicators differ considerably between facilities in the 8 countries. After risk adjustment the differences are less, but still considerable. With quality indicators based on assessments with the interRAI LTCF instrument quality of care between LTC facilities in and across nations can be adequately compared.

***More information:***
***http://www.biomedcentral.com/content/pdf/1472-6963-13-138.pdf***

## *EVALUATING THE INTEGRATION OF CHRONIC DISEASE PREVENTION AND MANAGEMENT SERVICES INTO PRIMARY HEALTH CARE – STUDY*

The increasing number of patients with chronic diseases represents a challenge for health care systems. The Chronic Care Model suggests a multi-component remodelling of chronic disease services to improve patient outcomes.

To meet the complex and ongoing needs of patients, chronic disease prevention and management (CDPM) has been advocated as a key feature of primary care producing better outcomes, greater effectiveness and improved access to services compared to other sectors. The objective of this study is to evaluate the adaptation and implementation of an intervention involving the integration of chronic disease prevention and management (CDPM) services into primary health care.

***More information:***
***http://www.biomedcentral.com/content/pdf/1472-6963-13-132.pdf***

## *HEALTH POLICY PERFORMANCE IN 43 EUROPEAN COUNTRIES – A COMPARATIVE ANALYSIS*

It is unknown whether European countries differ systematically in their pursuit of health policies, and what the determinants of these differences are. In this article, the authors assess the extent to which European countries vary in the implementation of health policies in 10 different areas. They found striking variations between European countries in process and outcome indicators of health policies.

On the whole, Sweden, Norway and Iceland perform best, and Ukraine, Russian Federation and Armenia perform worst. Within Western Europe, some countries, such as Denmark and Belgium, perform significantly worse than their neighbours. National income, survival/self-expression values and government effectiveness were the main predictors of countries' performance in specific areas of health policy.

Although many new preventive interventions have been developed, their implementation appears to have varied enormously among European countries. Substantial health gains can be achieved if all countries would follow best practice, but this probably requires the removal of barriers related to both the 'will' and the 'means' to implement health policies.

***More information:***
***http://eurpub.oxfordjournals.org/content/23/2/195.full.pdf+html***

## *DEFINING INFORMAL PAYMENTS IN HEALTHCARE – A SYSTEMATIC REVIEW*

This work was developed in order to explore the literature for the definitions of informal payments in healthcare and critically analyse the proposed definitions. It will serve in the process of getting to a coherent definition of informal payments.

A search strategy was developed to identify papers addressing informal payments on PubMed, ScienceDirect, Econlit, EconPapers and Google Scholar. The variety of forms which informal payments may take makes it difficult to define them in a comprehensive manner. However, authors identified a definition that could serve as a beginning in this process. More effort is needed to build on it and get to a commonly accepted and shared definition of informal payments.

***More information:***
***http://www.deepdyve.com/lp/elsevier/defining-informal-payments-in-healthcare-a-systematic-review-KS8iq4Kwwz?key=elsevier***

## *OUT-OF-POCKET COSTS FOR PRESCRIPTION AND OVER-THE-COUNTER MEDICINES – TRENDS AND INCOME RELATED DIFFERENCES IN FINLAND FROM 1985 TO 2006*

This work has been developed in order to explore trends and income related differences in out-of-pocket (OOP) costs for prescription and over-the-counter medicines in Finland in 1985–2006.

Covariance analyses were used to evaluate age-adjusted OOP costs across income groups. All patients faced increasing OOP payments for medicines throughout the study period, but the relative growth was largest for the lowest income groups. The results suggest that savings achieved by increasing the patients' share of costs coincided with steep growth in OOP costs and wider differences between income groups.

Cost containment measures targeted at prices, on the other hand, coincided with stabilised OOP costs and decreasing dispersion between the income quintiles. More research is needed to evaluate whether differences in OOP costs reflect differences in patterns of use.

***More information:***
***http://www.deepdyve.com/lp/elsevier/trends-and-income-related-differences-in-out-of-pocket-costs-for-Fz31zDW3Ev?key=elsevier***

## *SOURCES OF FINANCIAL PRESSURE AND UP CODING BEHAVIOR IN FRENCH PUBLIC HOSPITALS – STUDY*

Drawing upon role theory and the literature concerning unintended consequences of financial pressure, this study investigates the effects of health care decision pressure from the hospital's administration and from the professional peer group on physician's inclination to engage in up coding.

The authors explore two kinds of up coding, information-related and action-related, and develop hypothesis that connect these kinds of data manipulation to the sources of pressure via the intermediate effect of role conflict. Qualitative data from initial interviews with physicians and subsequent questionnaire evidence from 578 physicians in 14 French hospitals suggest that the source of pressure is a relevant predictor of physicians' inclination to engage in data-manipulation. We further find that this effect is partly explained by the extent to which these pressures create role conflict. Given the concern about up coding in treatment-based reimbursement systems worldwide, our analysis adds to understanding how the design of the hospital's management control system may enhance this undesired type of behavior.

***More information:***
***http://www.deepdyve.com/lp/elsevier/sources-of-financial-pressure-and-up-coding-behavior-in-french-public-LP1jfQHeou?key=elsevier***

## *ANALYSIS OF THE COSTS OF DIALYSIS AND THE EFFECTS OF AN INCENTIVE MECHANISM FOR LOW-COST DIALYSIS MODALITIES – STUDY*

Treatment costs of end-stage renal disease with dialysis are high and vary between dialysis modalities. Public healthcare payers aim at stimulating the use of less expensive dialysis modalities, with maintenance of healthcare quality.

This study examines the effects of Belgian financial incentive mechanisms for the use of low-cost dialysis treatments. Hospital haemodialysis is the most expensive modality per patient year, followed by peritoneal dialysis and finally satellite haemodialysis. Under current reimbursement rules mean profits of a dialysis programme are maximal if about 28% of patients are treated with a low-cost dialysis modality. This is only slightly lower than the observed percentage in Belgian

dialysis centres in the same period. In Belgium, the financial incentives for the use of low-cost dialysis modalities only had a modest impact due to the continuing profits that could be generated by high-cost dialysis. Profit neutrality is crucial for the success of any financial incentive mechanism for low-cost dialysis modalities.

***More information:***
***http://www.deepdyve.com/lp/elsevier/analysis-of-the-costs-of-dialysis-and-the-effects-of-an-incentive-1XcdXrstGK?key=elsevier***

## *DISINVESTMENT IN THE AGE OF COST-CUTTING SOUND AND FURY – TOOLS FOR THE SPANISH NATIONAL HEALTH SYSTEM*

This paper proposes the framing of disinvestment strategies as the "value for money" approach suitable for the current situation of acute budget restrictions.

Building on the experiences from other countries, it first reviews the instruments already available for implementing this approach within the Spanish National Health Service (SNS). These elements have been in place in the SNS for some years now. However their effective alignment in supporting a disinvestment strategy has met with several hurdles. Sadly, the "cuts across the board" strategy adopted in facing the financial crisis might have finally triggered the required political clime to overcome these obstacles to disinvestment.

In the current context, the SNS stakeholders (professionals and the public) may regard the disinvestment proposal of informed local decisions about how best to spend the shrinking amount of resources, getting rid of low value care, as a shielding rationale, rather than a thread.

***More information:***
***http://www.deepdyve.com/lp/elsevier/disinvestment-in-the-age-of-cost-cutting-sound-and-fury-tools-for-the-nNLqjm1kNL?key=elsevier***

## *REPORTED BARRIERS TO EVALUATION IN CHRONIC CARE – EXPERIENCES IN SIX EUROPEAN COUNTRIES*

The growing movement of innovative approaches to chronic disease management in Europe has not been matched by a corresponding effort to evaluate them. This paper discusses challenges to evaluation of chronic disease management as reported by experts in six European countries.

Authors identified three common challenges to evaluation of chronic disease management approaches: (1) a lack of evaluation culture and related shortage of capacity; (2) reluctance of payers or providers to engage in evaluation and (3) practical challenges around data and the heterogeity of IT infrastructure. The ability to evaluate chronic disease management interventions is influenced by contextual and cultural factors. Overcoming the cultural, political and structural barriers to

evaluation should be driven by payers and providers, for example by building in incentives such as feedback on performance, aligning financial incentives with programme objectives, collectively participating in designing an appropriate framework for evaluation, and making data use and accessibility consistent with data protection policies.

***More information:***
***http://www.deepdyve.com/lp/elsevier/reported-barriers-to-evaluation-in-chronic-care-experiences-in-six-OonOx1SXCy?key=elsevier***

## *PORTUGAL*
## *A DIFFERENT VIEW OF THE HOSPITAL. PATIENT SAFETY: NEW APPROACHES, DIFFERENT LOOKS*

The Portuguese Association for Hospital Development (APDH) organised the debate dinner "*A different view of the hospital*" which took place on 12 March 2013 in Lisbon. This year's theme was "*Patient Safety: New approaches, different looks*".

This informal debate discussed the relevant subjects for both hospitals and the health care professionals. Among others, the session counted with the participation of the President of the Medical Association José Manuel Silva and of José Rodrigues Gomes, representing the Nurses Association; the Directorate of Health, the Parliamentary Committee on Health and the Board of the Portuguese Association for the Hospital Development as well as many other professionals interested in discussing the healthcare themes. This resulted on a rich reflection framed by the present economic and financial crisis with significant resource rationalisation and a thorough cost control significantly impacting in the health care organisations, mainly hospitals. The severity of such measures makes it imperative to find cost effective solutions, without compromising the sustainability of the health care system and ensuring the accessibility for all the citizens.

The Patient Safety culture was recognised by all the participants, whether by health care professionals or the patient's, as being relevant with some fundamental points emphasised. These include: i) the need to shift the political decision making in the quality of care and patient safety; ii) the training of the health care professionals; iii) the health care financing; iv) the organisation of the health care delivery; and v) the scientific research (still rarely addressed), and which are quite obvious in the different interventions by the participants.

The development of adequate management and evaluation mechanisms were specifically identified as means allowing the quantification, planning, follow up and monitoring of the quality of care and patient safety and enhance the promotion of the health care organisations' sustainability, thus contributing for costs reducing with the health care, both on an hospital and primary health care level.

It was also reaffirmed that Patient Safety must not be considered a momentary trend but rather a long-term reflection, a continuum, in terms of a global health strategy. It should include ethical considerations from the health care providers and the safeguard of the legal aspects, along with the financial and economic concerns, and without focusing only in the punitive aspects of the error. We also know that avoiding the 100% error is an illusion. The technology evolved to such levels of sophistication and effectiveness, that it also increases the chance for errors. As such, society should

be able to carry out a self-evaluation and critical assess, with the objective of studying the matter but without judgment of value.

As a final thought, Mrs. Ana Escoval, President of the Portuguese Association for Hospital Development, challenged the representative from the Portuguese Parliamentary Committee on Health, Mr. Ricardo Baptista Leite, to promote a round of debates that would help strengthen the Patient Safety theme as a permanent requirement and to contribute for increasing the legislation in this matter.


## *DIGITAL HOSPITALS*

On 17 April 2013, HOPE and COCIR (the voice of the European Radiological, Electromedical and Healhtcare IT industry) organised a workshop "Digital hospitals: healthcare transformation, from electronic patient records to fully connected hospitals".

The workshop built awereness on health ICTs potential to improve the quality of care and connect hospitals to the wider health community for more efficient healthcare systems. The first part illustrated the uneven availability of clinical information systems at the application level and across European countries. The second part was an opportunity for the OECD to share its views and evidence gathered on clinical information systems and their perceived impact on accessibility, efficiency, quality of medical care and patient safety. The third part facilitated a debate on how the different stakeholders can align efforts and incentives to remove barriers and accelerate the adoption of advanced clinical systems and better integrate digital hospitals in the health information platform of the future.

## *BENCHMARKING INFORMATION AND COMMUNICATION TECHNOLOGIES IN HEALTH SYSTEMS – JOINT EC-OECD WORKSHOP*

On 18 and 19 April 2013, the Joint EC-OECD Workshop on Benchmarking Information and Communication Technologies in Health Systems took place at the European Parliament.

Chief Information Officers (CIOs) in 1753 acute hospitals in the EU27, Croatia, Norway and Iceland, have been surveyed by native-speaking interviewers as to their hospitals' level of eHealth adoption and use. The 88% of hospitals report a broadband connectivity and both adoption and use of eHealth has increased in total, in EU27+3, in times of budgetary austerity. However, this increase is uneven; Nordic countries have further increased their leadership position while Eastern and Southern Europe is trailing. Also, larger and mostly public hospitals are generally better equipped and exchange electronically more information, including with out-of hospitals specialists. There is evidence that there are still significant interoperability, privacy and security implementation, information sharing, and out-patient monitoring challenges. Overall, 41% of hospitals declare to be in the middle of the transition between a fully paper-based and a fully paperless environment.

In total 26,551 healthcare establishments in EU27+3, were contacted and screened to help define an as much homogeneous group of hospitals as possible. In total, 5424 qualified as acute care hospitals, and of those 1717 completed the interview. The sampling process allows increased confidence levels

in almost all countries and in some cases even at NUTS2 regional level. The novelty of this survey is that it includes a number of questions that enable the comparison of availability and use of eHealth specific functionality; this set of questions is compatible with OECD early guidelines, as well as with the equivalent part of the GP survey.

Nordic EU countries continue to be the overall leaders in eHealth across the EU27+3, with consistent leadership across a range of eHealth indicators. Conversely, the lesser performing regions are within Eastern and Southern Europe; however with notable exceptions – for instance both Spain and Portugal have over 50% of hospitals with broadband connections of more than 50MBps. More than 80% of the EU acute hospitals use an Electronic Medical Records (EMRs) / Electronic Health Records (EHRs) /Electronic Patient Records (EPRs) system and 55% use a hospital-wide EMR/EHR/EPR system. The larger hospitals tend to have more such systems and to use them more. In line with the trend on the integration of Health and social care that is currently happening in Europe, 36% of EU hospitals do exchange clinical care information with external GPs and 39% with other hospitals; however, in only 10 countries 50% or more of their hospitals share clinical care information with external GPs. However, in 9 countries more than 50% of hospitals do not exchange clinical care information with any external health provider and 40% of hospitals do not share information externally; yet, the hospitals themselves do produce this information electronically.

Less surprisingly, although 84% of EU hospitals deploy some form of EMR, EHR, EPR, 90% do not allow individual patients access to their records. When considering security and privacy measures, there is still a big enough gap to cover; while 85% of hospitals surveyed have clear rules for accessing patients' electronic medical data, and more than 90% of hospitals surveyed have regulations to guarantee the privacy and security of data, either at national (58%), regional (27%) or hospital level (66%), we would have expected results in excess of this, considering that these should be mandatory areas.

Hospitals which have eHealth functionalities mostly use them routinely. This is important because, overall, it justifies the investment into eHealth. For example, telehealth is only implemented to a minor extent by hospitals and is mostly available for holding consultations with other healthcare practitioners (31%). However, when telehealth capabilities are implemented, they are mostly used. Hospitals make available lab test results (87%), medication lists (66%), prescription lists (59%), in at least 50% of their units, and use it routinely in more than 80% of the cases.

Beyond analysis at European level, the data collection was implemented to enable a per country analysis. As was done in the 2010 study and to enable direct comparison, the data collected have been analysed by country using the same 13 indicators. It is important to note that the enriched sample permits lower error margins and increased confidence levels for almost all countries.

## *ACCESS TO HEALTHCARE IN EUROPE IN TIMES OF CRISIS AND RISING XENOPHOBIA – AN OVERVIEW OF THE SITUATION OF PEOPLE EXCLUDED FROM HEALTHCARE SYSTEMS*

On 9 April 2013, Doctors of the World International Network (Médecins du Monde) presented at the International Press Centre in Brussels its latest report, with some of the results of comparative data collected in 2012 in 14 cities across seven European countries. This report covers a sample of 8.412 patients, 19.302 consultations (including 10.968 medical consultations) and 11.921 diagnoses reported by their volunteer health professionals.

In order to capture the context in which this data collection took place, a concise update on the national legislations of these seven countries has been included. Doctors of the World also added to the quantitative data a number of qualitative reports from our field teams on the most important European trends identified by our network.

The crisis has generated austerity measures that have had a deep impact on all social safety nets, including healthcare provision. Groups who were already facing numerous vulnerability factors before the crisis, such as migrants, drug users, destitute European citizens and homeless people, have seen a reduction in or a termination of social safety nets and networks which provide them with basic help. Whilst all levels of the population must cope with increasing poverty, we are witnessing a significant increase in xenophobic actions and declarations against migrants, who have become the scapegoats of a situation which is making them even more vulnerable.

***The report is available at:***
***http://www.mdm-international.org/IMG/pdf/MdM_Report_access_healthcare_in_times_of_crisis_and_rising_xenophobia.pdf***

## *FISCALIS 2013 – VAT IN THE PUBLIC SECTOR AND EXEMPTION IN THE PUBLIC INTEREST*

From 17 to 19 April 2013, HOPE participated in Venice-Mestre to the 2013 edition of Fiscalis seminar, organised by the European Commission in collaboration with the Italian Tax Administration.

The main objective of the seminar, entitled "*VAT in the public sector and exemption in the public interest*", was to examine the shortcomings of the current VAT rules for the public sector and analyse possible options for future reforms. The seminar was attended by representatives of the EU Member States and several stakeholders.

The first part of the seminar was an opportunity for the European Commission to illustrate the work carried out until now on this topic: the Green Paper (2010), the Commission's Communication (2011) and the Council's Conclusions (2012) on the future of VAT. The results of the Copenhagen

Economics study, finalised in 2011 and updated in 2013, were also presented. The study examines and proposes three reform options for the future treatment of public bodies:

- full taxation option in its alternative that a liability to tax requires supplies against consideration;
- refund system;
- the option according to which the special rules relating to public bodies (Article 13 of the VAT Directive) would be deleted, while keeping tax exemptions in the public interest.

However, it should be stressed that the three options do not prejudge the content of a possible Commission's forthcoming proposal on this issue.

These options were analysed and discussed during the seminar. The Swedish Association of Local Authorities and Regions (SALAR) participated to a panel discussion entitled "*Shortcomings of the present rules – Should we move towards a full taxation model?*", highlighting how the Copenhagen Economics study does not take into account the impact that the full taxation option would have at local and regional level, which in Sweden is responsible for healthcare. Furthermore, it was stressed how this option, implying the subjection of the healthcare sector to VAT, would result in more taxes to be paid by citizens and would have a possible negative effect on the procurement of external services or the outsourcing of services.

A presentation on the topic of VAT in the health sector was also provided by Mr. Giovanni Bianchi, from Comma 10, with a focus on the phenomenon of the so-called "hidden VAT".
In his presentation, Mr. Bianchi referred to a study he carried out with Mr. Lucio Fumagalli, entitled "*The Hidden VAT. A Case of Technological Fiscal Drag?"* The study shows the effects of the "*exemption without the right to deduct*" in the health sector, clarifying the reasons for a progressive disaffection by the beneficiaries towards a law that should have been facilitating.

The study also designed a model of analysis useful to obtain a first quantitative determination of hidden VAT in the Italian public health sector, showing that "hidden VAT" is estimated to be between 4% and, for the most technologically advanced facilities, 10%. A possible solution to this situation could be the introduction of "technical reduced rates" to be applied to the real estate and technological goods/services (for buying, maintenance, construction and rental) and to the outsourcing of services. Such rates would lower the distortive effect of the limitations in the deduction of input VAT.

Conclusions of the seminar stressed the necessity of reforms in the VAT system. However, this is a difficult and politically sensitive area, where many different interests are at stake. For this reason, the European Commission does not exclude any reform option, although declaring its intention to tackle areas where problems have already been identified (i.e. postal, broadcasting and waste sectors).

The European Commission plans to carry out a public consultation and an impact assessment in 2014, with a view to publish a legislative proposal in 2015.

## *TARGETS AND INDICATORS FOR HEALTH AND WELL-BEING IN HEALTH 2020 – WHO JOINT MEETING OF EXPERTS*

The WHO Regional Office for Europe convened a joint meeting of experts on targets and indicators for health and well-being in Health 2020 to advise on the measurement framework and indicators for the targets already set for Health 2020 (including the one on well-being), and to determine the support needed by countries in the use of such a framework and for further development.

The participants reviewed the definition of well-being agreed in the context of Health 2020, examined research data and existing guidelines on tools and indicators for measuring well-being and proposed overall satisfaction with life as the core indicator of subjective well-being. They also reviewed the existing proposals for indicators for Health 2020, agreeing overall general principles for indicators. Finally, they recommended quantified targets (where appropriate) and a shortlist of indicators for consultation with Member States and the WHO Regional Committee for Europe.

***More information:*** ***http://www.euro.who.int/__data/assets/pdf_file/0003/186024/e96819.pdf***

## *PATHWAYS TO SUSTAINABLE HEALTHCARE – 2013 CLEANMED CONFERENCE*

Health Care Without Harm Europe and The Centre for Sustainable Healthcare are organising the 2013 CleanMed Conference on Pathways to Sustainable Healthcare which will take place in Oxford, UK, which will take place on 17, 18 and 19 September 2013. During this event it will be possible share problems and solutions with 450 other professionals working on the interface between health and the environment.

CleanMed is a great place for sustainability leaders and healthcare innovators to find new ways to inspire their organisations, learn practical ways to make changes and contribute to international understanding of sustainable healthcare.

The aims of the event are:

- a network with clinical, management and technical professionals across the health and social care spectrum;
- take away ideas, tools and methods from educational sessions;
- explore sustainable models of care and how to measure the triple bottom line;
- present a poster to share research or case study.

# AGENDA

## UPCOMING CONFERENCES

### *HPH CONFERENCE 2013*

### *TOWARDS A MORE HEALTH-ORIENTED HEALTH SERVICE*

***22-24 May 2013 – Gothenburg (Sweden)***

The 21st International Conference of the Health Promoting Hospitals Network (HPH) will be held from May 22-24, 2013, in Gothenburg, Sweden.

The programme will highlight innovative themes with a high potential for HPH. Under the working title "Towards a more health-oriented health service", the conference will focus on:


- WHO Euro's health 2020 strategy
- Patient-reported health outcomes as promising tools
- Findings from neuropsychoimmunology and consequences for health promotion
- Health impacts of environment and design
- Patient empowerment
- Health system support for health promotion

***More information: http://www.hphconferences.org/gothenburg2013***

## *1ST EUROPEAN FORUM OF PUBLIC PROCUREMENT OF INNOVATION FOR HEALTH*

## *"HOSPITAL PURCHASERS: RELEVANT STAKEHOLDERS OF THE EUROPEAN INDUSTRIAL INNOVATION"*

***30 May 2013 – Paris (France)***

The first European Forum of Public Procurement of Innovation for health will be organised by Resah-idf in partnership with HOPE and with the support of the European Commission within the Salons de la Santé et de l'Autonomie from 28 to 30 May 2013 in the Parc des Expositions, Porte de Versailles in Paris. Simultaneous interpretation (French/English) will be available.

Hospital Procurement, with a 120 billion euro volume of expenses European wide, has a major role to play in the enforcement of competitive and innovation capacity, at the regional, national and European level.

The one-day conference will focus on:

- Horizon 2020 and the European policy for demand-driven innovation;
- the role of hospital purchasers in the process of industrial innovation, with learning of success stories from several European countries;
- the legal "toolbox" of Public Procurement of Innovation (Pre-commercial procurement, Intellectual Property issues, cross-border call for tenders, etc.);
- industry expectation, especially SMEs, toward hospital buyers.

**Registration**

***Français***
***http://www.salons-sante-autonomie.com/fr/conferences-congres/1ere-rencontres-europeennes-de-l-achat-public-d-innovation-en-sante/***

***English***
***http://www.salons-sante-autonomie.com/en/conferences-congress/1st-european-forum-for-public-procurement-of-healthcare-innovation/***

## *CONFERENCE FLEMISH HOSPITALS: TOGETHER WE CARE*

***30-31 May 2013 –Ghent (Belgium)***


Flemish hospitals: Quo vadis? That is the main question Zorgnet Vlaanderen wants to address at its conference with and for Flemish hospitals. What are Flemish hospitals able and willing to mean for the patient of tomorrow?

All care providers are ready to agree that chronic care is the most important challenge for our health care system. To overcome this challenge health care will need a fundamental reorganisation, taking the known limitations in financial and human resources into account. If we want to safeguard the quality of care of our current health care system, it desperately needs to be redefined.

The main message should be clear: the starting point of health care should be the patient and his/her needs, followed by an analysis of what is financially feasible. Not the other way around! In hospitals, care providers work in multidisciplinary teams; in turn, hospitals work together and reach out to other care providers. Put differently, hospitals are a link in the chain of care providers. In the future, ICT innovations can further facilitate cooperation between these different levels. Finally, a new financing model should be developed to support the entire system.

Together with you, Zorgnet Vlaanderen wants to think about the ways in which these talking points can lead to practical solutions for a future-oriented health care and hospital policy. Based on the motto "Together we care", Zorgnet Vlaanderen identifies the following four central topics:

- Cooperation between hospitals and with other care providers
- Cooperation within hospital walls
- ICT as a tool for cooperation
- Financing that stimulates cooperation

The seminars are presented in Dutch or English. Simultaneous interpreting is provided.

**Registration is now open**
***http://www.togetherwecare.be/***

# Patient Safety in Practice

HOW TO MANAGE RISKS TO PATIENT SAFETY AND QUALITY IN EUROPEAN HEALTHCARE

11 june 2013 - The Hague, The Netherlands

A NVZ/NFU Conference in collaboration with HOPE

Nederlandse Vereniging van Ziekenhuizen

Nederlandse Federatie van Universitair Medische Centra

## *PATIENT SAFETY IN PRACTICE – HOW TO MANAGE RISKS TO PATIENT SAFETY AND QUALITY IN EUROPEAN HEALTHCARE*

***11 June 2013 – The Hague (The Netherlands)***

NVZ, the Dutch Hospitals Association, and NFU, the Dutch Federation of University Medical Centres, in collaboration with HOPE, the European Hospital and Healthcare Federation, will organise on 11 June 2013 in The Hague, The Netherlands, a conference on European best practices in improving the safety of patients in hospitals.

Cross-border healthcare is increasing the importance of exchanging effective measures across Europe. The Irish EU Presidency has declared patient safety its priority and the European Commission is currently gathering best practices in this field. National and international policymakers are building networks for the exchange of best practices. Members of the Joint Action on Patient Safety and Quality of Care (PaSQ) will have an adjacent to the conference in The Hague.
Programme

Not only hospitals but the government and the media as well pay more attention to the safety of patients. The Director General for Curative Care, Leon van Halder (Ministry of Health), Niek Klazinga (OECD and Amsterdam Medical Centre), Wim van Harten (Netherlands Cancer Institute), Erik Heineman (Academic Medical Centre Groningen, UMCG) and Diana Delnoij (Zorginstituut NL and University of Tilburg) will talk during the morning about the cultural aspects that influence the patient safety in hospitals and how managers can deal with this effectively.

In the afternoon, the Dutch organisers have chosen to present a European overview of best practices on seven themes in breakout sessions:

- medication safety;
- reporting incidents;

- communication gaps;
- patient participation;
- infection prevention;
- safety in the operating theatre;
- working in teams.

For each theme, two examples from different Member States will be presented. Each example will offer the participants to the conference a practical example of how to improve patient safety and will offer them the tools they need to implement this best practice within their own healthcare organisation.

**Patient safety in Dutch hospitals**
As in all European countries, patient safety is part of the quality policy of Dutch hospitals. The Dutch Safety Management Systems Programme (VMS) is officially ended but the implementation of the themes of patient safety will continue until 2015. All Dutch hospitals are implementing a safety system to improve patient safety in a systematic way across ten related themes. Dutch hospitals are very much willing to share their experiences and to learn new ways to improve their safety systems.

**HOPE Exchange Programme**
The conference is part of the HOPE Agora, the annual evaluation and closing conference of the HOPE Exchange Programme. Since 1981, HOPE organises an exchange programme for professionals with managerial responsibilities working in hospitals and healthcare facilities. Managers are working during four weeks in one of the other Member States. The aim of HOPE Exchange Programme is to promote a better understanding of the functioning of hospitals and healthcare services within the European Union and neighbour countries. It facilitates co-operation and exchange of best practices.

At the end of this exchange, participants to the HOPE Exchange Programme will present their findings in The Hague on 12 June 2013. This year the participants of the exchange programme will look at the measures taking in European hospitals to improve patient safety. The exchange programme therefore constitutes a practical addition to the goal of the conference.

The conference will be held in English. There will be no simultaneous translation.

***Programme:***
***http://www.nvz-ziekenhuizen.nl/hope-congres/programma***

***More information on HOPE Agora:***
***http://hope-agora.eu/***

**Registration is now open**
***http://www.nvz-ziekenhuizen.nl/hope-congres/aanmelden/english/***

## *EQUIP'AID. SHARING FOR BETTER HEALTHCARE*

***19-20 November 2013 – Chamonix Mont-Blanc (France)***


The conference "Equip'aid. Sharing for better healthcare" to be held in Chamonix Mont-Blanc (Haute-Savoie, France) from 19 to 20 November 2013 will bring together participants from Northern countries, countries in transition and developing countries.

This will be the first international meeting of reference devoted to the improvement of medical equipment support projects of healthcare facilities in the field of international aid. The term "medical equipment support projects" is defined as an international aid project aiming to improve the healthcare facility of a health care structure through the reinforcement of its pool of medical equipment, through financial contributions or supply of equipment/equipment supply.

The conference will have the following objectives:

- sharing information and experiences, by promoting dialogue between the stakeholders of medical equipment support projects,
- identifying synergies, by examining the various practices and policies to transfer medical equipment and to make it available,
- facilitating research work and transversal thinking about the issues of the sector, with the aim of improving practices over time,
- developing a common vision around the orientation for thinking chosen for this first edition: "Sharing for better healthcare".

The Equip'aid conference organisers are issuing a call for papers. Proposals of oral presentations, posters or audio-visual projections must focus on one or several of the topics listed above (see "Organisation of the conference").

As detailed in thecall for papers, contributors are invited to send to ***equipaid@alterna-com.com*** by email before 30 April 2013. The form for submission is available on ***www.equipaid.org***

***For further information or to pre-register, please consult the website : www.equipaid.org***


## *28TH EAHM CONGRESS*
## *"HOSPITAL MANAGEMENT IN TIME OF CRISIS"*

***28-30 November 2013 – Kirchberg (Luxembourg)***

Many people strongly believe that the funding is the crucial factor of the effectiveness. When the economic is weakened and the hospital budget reduced, what can a hospital manager undertake to continue to deliver a better care? We believe that a crisis may serve as a « wake-up call » that prompts the hospital to make beneficial organisational and structural changes.

Luxembourg 2013 is the forum where the CEO, Hospital Managers from all over Europe will share their experiences and best practices in healthcare management.

Luxembourg 2013 will address constraints as well as challenges and opportunities around 3 topics:

- strategic guidelines in crisis;
- business process reengineering;
- managing innovation (new building, new logistics, new technologies).

Luxembourg2013 will offer networking opportunities with the key decision makers from the major hospitals in Europe and the healthcare industry representatives in the informal, effective business setting. At the exhibition, healthcare professionals will provide in-depth insight into the latest developments in healthcare.

The congress "Hospital Management in time of crisis" is organised by the FHL (Fédération des Hôpitaux Luxembourgeois) under the patronage of EAHM (European Association of Hospital Managers).

***More information and registration:***
***www.eahm-luxembourg2013.lu***